CITY OF NEW SMYRNA BEACH

PLANNING APPLICATION

City of New Smyrna Beach
Office: 3650 North Dixie Freeway
Mail: 210 Sams Avenue
New Smyrna Beach, FL 32168
Phone: 386.410.2800

Munis Application #_____

PROPERTY LOCATION			
Address:			
PID:			
PLANNING APPLICATION REQUEST (OFFICE USE ONLY)			
Request Type:			
Case No.:	Date Submitted:	Date Closed:	Accepted By:
Project Name:		Planning and Zoning Board Meeting Date:	
APPLICANT INFORMATION			
Applicant Name:			<<<<<<<<<< MUST BE A PERSON
Mailing Address:			Phone #:
City:	State:	Zip:	E-Mail:
OWNER INFORMATION (IF NOT SAME AS APPLICANT)			
Owner Name:			
Mailing Address:			Phone #:
City:	State:	Zip:	E-Mail:
REQUEST			
Zoning District:			Property Acreage:
Subject Property Location:			

Notes:

FEES	
Request Type Fee:	
Concurrency Review Fee:	
Total Fee:	
Exempt from Fee	☐

REQUIRED ATTACHMENTS

PAYMENTS

No.	Date	Amount	Type	Ck #

Balance Due:

SIGNATURES

INFORMATION AND DOCUMENTS SUBMITTED ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____ _____
Signature of Property Owner and/or Applicant Date

_____
Print Above Name

Note: Application and all required support documents must be submitted by 12:00pm on the submission deadline in order for application to be considered complete.