



City of _____
HAWTHORNE
Florida

6700 SE 221st Street
PO Box 1270
Hawthorne, FL 32640
Telephone (352) 481-2432
Fax (352) 481-2437

CITY OF HAWTHORNE

SPECIAL EXCEPTION APPLICATION

Applicant Information

Name of Applicant(s) _____

Street Address _____

City, State, Zip _____

Telephone _____

Name of Applicant's Agent (if applicable) _____

Street Address _____

City, State, Zip _____

Telephone _____

Special Exception to Permit:

Description of Subject Property (attach Legal Description)

Street Address _____

Parcel Number _____

Total Acreage _____

Zoning Category _____

Future Land Use Designation _____

Present Use: _____

(commercial, industrial, residential, agricultural, vacant, etc.)

Previous Applications

- () A previous application was made for this property (Application No(s). _____)
- () No application has been previously submitted for this property.

I hereby certify that all of the above statements and the statements contained in any documents or plans submitted herewith are true to the best of my knowledge and belief.

If an agent represents Title Holder(s), a letter of such designation from the title holder(s) addressed to the Land Development Regulation Administrator must be attached.

Applicant/Agent Name (Type or Print)

Applicant/Agent Signature

FOR OFFICE USE ONLY

Date Filed _____

Application No. SE- _____

Fee Amount _____

Receipt No. _____

Date of Planning and Zoning Board Meeting _____

Planning and Zoning Board Decision _____
(Approved, Approved w/ Conditions, Denied)