



# 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.**