

Certification of Ownership (Conditional Use Permit)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2nd Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: planning@panamacity.gov | Website: www.panamacity.gov

By printing my name and signature below I hereby certify that I am the owner of record of the property described and that I approve of the requested action(s) herein and hereby petitions the City of Panama City for a Conditional Use Permit. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application.

I understand that the City of Panama City may take up 30 days to complete its initial review and that any re-submittals may take up to 30 additional days. I also understand that an approved conditional use permit, approved Development Order and application must be approved prior to applying for and being issued building permits by the Development Services Departments Building Services Division by the applicant before commencement of alterations, construction, modifications and/or renovations to the structure(s) or site is authorized. I understand that exceeding the scope of work and plans provided in this application and approved Development Order will result in approvals being rescinded and a stop work order being placed on the property. By printing my name and signature below I hereby authorize City staff to enter upon my property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that all fees are non-refundable. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is accurate and complete. I understand that an incomplete application will result in a delay in processing. I also understand that conditional use permit is valid for a period of six (6) months from the date of issuance unless the City of Panama City Planning Board grants an extension.

Certification of Ownership

Property Owner Name (Print): _____

Property Owner's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and
subscribed me

this _____ day of _____, 20_____, By _____,
the applicant is personally known to

me or has produced _____ as identification. Notary Public:

NOTARY STAMP:

Authorization of Applicant/Agent/Representative (Conditional Use Permit)

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By printing my name and signature below I hereby certify that I am the authorized agent and primary contact during the Development Order review process and the requested action(s) herein and hereby petitions the City of Panama City for a Conditional Use Permit on behalf of the property owner. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application.

I understand that the City of Panama City may take up 30 days to complete its initial review and that any resubmittals may take up to 30 additional days. I also understand that an approved conditional use permit, approved Development Order and application must be approved prior to applying for and being issued building permits by the Development Services Departments Building Services Division by the applicant before commencement of alterations, construction, modifications and/or renovations to the structure(s) or site is authorized. I understand that exceeding the scope of work and plans provided in this application will result in approvals being rescinded and a stop work order being placed on the property. By printing my name and signature below I hereby acknowledge that City staff may enter upon the subject property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that all fees are non-refundable. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is accurate and complete. I understand that an incomplete application will result in a delay in processing. I also understand that conditional use permit is valid for a period of six (6) months from the date of issuance unless the City of Panama City Planning Board grants an extension.

Owner Authorization of Applicant, Agent or Representative

*If the applicant is not the property owner and the owner is allowing the applicant to act on their behalf, a notarized signature of the owner is required.

Property Owner Name (Print): _____

Property Owner's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20_____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____

NOTARY STAMP: _____

Authorized Applicant, Agent or Representative

Applicant/Authorized Agent Name (Print): _____

Applicant's Signature: _____

STATE OF _____ COUNTY OF _____ Sworn to and subscribed me

this _____ day of _____, 20_____, By _____, the

applicant is personally known to me or has produced _____ as identification.

Notary Public: _____

My Commission Expires: _____

NOTARY STAMP: _____