

## Applicant Statement of Understanding (Permitted Use Verification)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2<sup>nd</sup> Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: [planning@panamacity.gov](mailto:planning@panamacity.gov) | Website: [www.panamacity.gov](http://www.panamacity.gov)

By printing my name and signature below I hereby certify that I am the applicant and primary contact during the permitted use verification review process. 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 permitted use verification letters provide an interpretation on whether or not a use can be considered in a particular zoning district and that zoning verification letter requires a separate review. I also understand that a permitted use verification letter does not constitute the authority to conduct any development on any parcel of land including land clearings. It does not authorize approval of renovations or modifications to existing structures. Permitted use verification letters do not authorize or permit lot splits, lot combinations or the subdivision of land. Any future modification, expansion or new construction will require review and issuance of a development order under the most current Land Development Regulations.

I understand that City staff may enter upon the property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I understand that permitted use verification reviews can take up to 30 days. I also 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 complete. I understand that an incomplete application will result in a delay in processing.

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: _____