

## Applicant Statement of Understanding (Zoning 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 zoning 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 the zoning verification letter verify the zoning district associated with a specific parcel only and issuance of a permitted use verification letter requires a separate review. I also understand that a zoning 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. 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 hereby authorize the City staff to 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 zoning 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: \_\_\_\_\_