

**City of Waldo
Application for First Step Meeting**

Office Use Only

Application No. _____ Date: _____ Receipt No. _____
 Staff Initials: _____

Owner(s) of Record (please print)	
Name:	
Address:	
Phone:	Fax:
E-mail:	
(Attach additional owners' information)	

Applicant(s)/Agent(s), if different	
Name:	
Address:	
Phone:	Fax:
E-mail:	
(Attach Affidavit if Applicant/Agent is not Owner)	

Property Information
Street Address or Location:
Section -Township-Range:
Parcel Number:
Property Size: _____ acre(s)
Attach aerial map, survey, or proposed development sketch.

Proposed Use of Property

The undersigned has read the above application, as well as attachments, and is familiar with the information submitted. It is agreed and understood that the undersigned will be held responsible for its accuracy. The undersigned hereby attests to the fact that the parcel number(s) and legal description(s) is/are the true and proper identification of the area for which the petition is being submitted. Signatures of all owners or their agent are required on this form. Signatures by other than the owner(s) will be accepted only with notarized proof of authorization by the owner(s).

Owner/Agent Signature _____ Date _____

STATE OF FLORIDA
 COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20__ by (Name) _____

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE _____ My Commission Expires _____