



**City of Temple Terrace  
Community Development Department**

11250 N. 56<sup>th</sup> Street  
Post Office Box 16930  
Temple Terrace, Florida 33617  
Tel: (813) 506-6480 Fax: (813) 506-6471

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**ZONING RECLASSIFICATION APPLICATION**

Date of Application: \_\_\_\_\_ Application Number: \_\_\_\_\_

Applicant/Project Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Owner(s): (*attach additional sheets if necessary*) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**ZONING RECLASSIFICATION REQUEST:**

Property Location: \_\_\_\_\_

Size of Subject Area: (*square feet or acres*) \_\_\_\_\_

Street Address: \_\_\_\_\_

Legal Description (metes and bounds) with Plat reference and PIN Number: (*attach additional sheets if necessary*)

\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_

Application for:        **MAP** Amendment \_\_\_\_\_        OR        **TEXT** Amendment \_\_\_\_\_        (*Check One*)

For MAP Amendment:

*Existing Zoning:* \_\_\_\_\_

*Proposed Zoning:* \_\_\_\_\_

For TEXT Amendment: (*attach additional sheets if necessary*)

*Text to be Amended:* \_\_\_\_\_

*Amended Language:* \_\_\_\_\_

Will this reclassification involve an amendment to the Comprehensive Plan?        **YES / NO**        (*Circle One*)

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**I hereby certify that I am (we are) owner(s) of record of the above described property or I (we) have written permission from the owner(s) of record (copy attached) to request this action.**

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date