



# WAKULLA COUNTY PLANNING & COMMUNITY DEVELOPMENT

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## APPLICATION FOR CONDITIONAL USE

Please read carefully. This is the only form accepted for application.

CU #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Agent Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ H. S. LOT: \_\_\_\_\_  
MAP PAGE: \_\_\_\_\_ PARCEL #: \_\_\_\_\_ ACREAGE: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

NFIP#: 12129C-\_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_ B.F.E.: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

Current Comprehensive Plan Designation: \_\_\_\_\_ Current Atlas Zoning: \_\_\_\_\_

Description of Use (describe type, character, extent of proposed use): \_\_\_\_\_  
\_\_\_\_\_

Adjacent Property Owner(s) and Addresses: \_\_\_\_\_

Conditions (how conditions are to be fulfilled): \_\_\_\_\_

Address and Physical Location: \_\_\_\_\_

Reason for Request and Existing Use: \_\_\_\_\_

The following items are required at the time of application:

- Completed Application
- Deed and Legal Description
- Fees
- Site Plan

Other items may also be required by the Community Development Department.

*I certify that the above information is true and correct to the best of my knowledge and belief. By submitting this application I (we) am (are) voluntarily granting permission to Wakulla County officers, employees, and agents to enter onto and inspect the property that is subject to this application at all reasonable times for determining the suitability of the applied for development order and for compliance with County development regulations contained within the Wakulla County Code of Ordinances and Comprehensive Plan. I (we) further acknowledge that refusing access to Wakulla County officers, employees, and agents is grounds for and may result in my application being denied.*

\_\_\_\_\_  
Signature (Owner) Date

\_\_\_\_\_  
Signature (Owner) Date

\_\_\_\_\_  
Signature (Agent) Date

Fee Paid: **\$560.00**

Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_