



Zoning Permit Application
Zoning Review for Compliance & Inspection

Type of Development Review (Check all that apply)

Scope of Work			
Paint (Residential Building)	Wall Sign	Ground Sign	
Paint (Non-Residential Building)	Window Sign (Dynamic)	Change of Copy	
Tree Removal	Hand-held sign	Temporary Sign	
Other:		Pennants / Balloons	

Property Description		
Street Address	Folio Number(s)	
Nearest Cross Street		
Subdivision	Block	Lot

Applicant, Owner's Representative or Agent		Landowner (Owner of Record)	
Business Name (if applicable):		Business Name (if applicable):	
Name and Title:		Name and Title:	
Signature:	Date:	Signature:	Date:
Mailing Address:		Mailing Address:	
City, State & Zip:		City, State & Zip Code:	
Phone Number:		Phone Number:	
Email:		Email:	



City of Lauderhill
 Development Services Department / Planning & Zoning Division
 3300 Inverrary Blvd., Lauderhill, FL 33319
 Phone: 954.730.3050

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All communication will be sent to the Landowner (Owner of Record) and Applicant, unless otherwise requested. Indicate who should be provided with copies of written correspondence:

<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
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Architect	Engineer
Business Name (if applicable):	Business Name (if applicable):
Name and Title:	Name and Title:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:

Contractor	Other
Business Name (if applicable):	Business Name (if applicable):
Name and Title:	Name and Title:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:



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Project Information
Briefly describe the proposed scope of work/ improvements (a project narrative must be submitted separately that explains in greater detail the full project scope):

Additional Information						
Tree Permit Information	Location (on the property – e.g. front yard, rear yard, NE corner, etc.):	Number of Trees				
	Existing use of the property (single-family home, duplex, office, etc.):					
	Proposed use of the property (if changing):					
	Reason for the tree removal / relocation:					
	Proposed Start Date:	Proposed Completion Date:				
	<i>Tree replacement or relocation must be completed within six months of the issuance of this permit.</i>					
Paint Permit Information	Is the property subject within a Homeowner’s Association (HOA)? <i>If so, consult with your HOA for approval, prior to submitting the permit to the City.</i>	Yes	No			
	Is there a Code Violation open?	Yes	No			
	If there is an open Code Violation, provide the Code Enforcement # (CE#):					
	Color Palette Theme	<input type="checkbox"/> Tropical	<input type="checkbox"/> Neutral 1	<input type="checkbox"/> Neutral 2		
	Walls (A)	Trim (B)				
	Door (C)	Garage Door (D)				
<i>Select the Paint Color and Number from the City of Lauderhill Residential Color Palette.</i>						



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AFFIDAVIT

I AM THE LANDOWNER OF RECORD (OR I HAVE FURNISHED THE CITY OF LAUDERHILL WITH A NOTARIZED LETTER FROM THE LANDOWNER AUTHORIZING ME TO SUBMIT THIS APPLICATION ON THEIR BEHALF), AND DO HEREBY SWEAR OR AFFIRM THE FOLLOWING:

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Landowner's Name: _____
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: _____

(City) (State) (Zip Code)

Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this _____ day of _____, _____ by means of
[] physical presence or [] online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

[] Personally know to me, or
[] Produced identification: _____
(Type of Identification Produced)