CITY OF PUNTA GORDA



URBAN DESIGN
326 WEST MARION AVENUE
PUNTA GORDA, FL 33950
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REQUEST FOR CONTINUANCE APPLICATION

Date Received: Application Fee: \$500.00						EXISTING FILE #:					
Application and all pertinent required data (listed below) MUST be submitted with this application											
Type of application you are requesting a continuance?											
2. What is your existing file number?											
3. Applicant / Agent (Must be same as your original application)											
Name			_						,	_	
Address		City				State		Zip			
Phone		Email address			ail address						
4. Property Address											
Address		City				State		Zip			
Parcel ID	Account # Lot #		Block#			Section	on	S	Short Legal		
5. Length of Continuance (indicate month & year)											
6. Explanation for Continuance (use additional sheet if necessary)											
I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.											
By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.											
AFFIDAVIT											
Signature of Owner or Authorized Agent					Print Name & Title			Date			
	F										
			l before r	ne this	da	av of . 20	. bv			. who is	
The foregoing instrument was acknowledged before me this day of, 20, by, who is personally known to me or who has produced as identification and who did not take an oath.											
								/0	Seal)		
Notary Publ	ic, State of Florid	da		My con	nmiss	ion Expires	_	(0	Jeai)		