



**SPECIAL EXCEPTION APPLICATION**

Development Services – Planning Division  
150 N. Lakeshore Drive | Ocoee, FL 34761  
Phone: 407.905.3157 | Fax: 407.905.3158

Received Date – Office Use Only

PROJECT NUMBER: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

- INVOICES WILL BE SENT TO: [ ] OWNER OR [ ] APPLICANT

PROPERTY LOCATION: \_\_\_\_\_

A. PROPERTY TAX ID. NO(S):

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

- LEGAL DESCRIPTION: ALL APPLICATIONS FOR SUBDIVISION OR SITE PLAN REVIEW MUST PROVIDE THREE (3) EXECUTED, CERTIFIED AND SEALED BOUNDARY SURVEYS FOR THE SUBJECT PARCEL, WHICH SHALL INCLUDE A METES-AND-BOUNDS LEGAL DESCRIPTION. ATTACH SURVEY WITH FULL LEGAL DESCRIPTION AS EXHIBIT.
- PROPOSED USE OF THE SUBJECT PARCEL IF THE PRESENT APPLICATION(S) IS/ARE GRANTED?

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



CITY OF OCOEE, FLORIDA  
OWNER'S AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned personally appeared \_\_\_\_\_, who being first duly sworn on oath, depose(s) and say(s):

1. That they/she/he are/is the fee-simple owner(s) of the property legally described in this application and that the attached ownership list is made a part of the affidavit and contains the legal description(s) for the real property, and the names and mailing addresses of all owners having an interest in said land.
2. That they/she/he desires \_\_\_\_\_ (specify action sought) for said property.
3. That they/she/he/ have/has appointed \_\_\_\_\_ (specify himself or agent) to act as agent in their/her/his behalf to accomplish the above.
4. That they/she/he affirm(s), certif(y)(ies) and will comply with all ordinances, regulations and provisions of the City Code of the City of Ocoee, and that all statements and diagrams submitted herewith are true and accurate to the best of their/his/her knowledge and belief and further, that this application and attachments shall become part of the official records of the City of Ocoee, and are not returnable.
5. That the accompanying adjacent property owners list is, to the best of their/her/his knowledge, a complete and accurate list of the owner's names and mailing addresses for all property lying within three hundred (300) feet of the perimeter of the subject parcel, as recorded on the latest official Orange County Tax Rolls.
6. That prior to the public hearing, if applicable, signs will be prominently posted on the subject parcel not less than twelve (12) days before the application will be considered by the Planning and Zoning Board or the Board of Adjustment, and will remain posted until final determination, after which time the notices are to be removed and destroyed.

\_\_\_\_\_  
Owner's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, who is personally know to me or who produced \_\_\_\_\_ as identification, and who took an oath.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

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\_\_\_\_\_  
Owner's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who is personally know to me or who produced  
\_\_\_\_\_ as identification, and who took an oath.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who is personally know to me or who produced  
\_\_\_\_\_ as identification, and who took an oath.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**OWNERSHIP LIST**

**PARCEL ONE:** \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNERSHIP INTEREST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

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

**PARCEL TWO:** \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNERSHIP INTEREST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

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

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**PARCEL THREE:** \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNERSHIP INTEREST: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

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**\* NOTE: ATTACH ADDITIONAL SHEETS IF MORE THAN THREE PARCELS.**