



WAKULLA COUNTY
PLANNING & COMMUNITY DEVELOPMENT
3093 Crawfordville Highway • Crawfordville, FL 32327 • 850/926-3695
Fax – 850/926-1528 • email: wakullaplanning@mywakulla.com

CHECKLIST – CHANGE OF ZONING APPLICATION

Applicant Name: _____ **Rezoning Request #:** _____

- A. _____ APPLICATION FORM
- B. _____ CURRENT WARRANTY DEED
- C. _____ LEGAL DESCRIPTION
- D. _____ COPY OF SALES CONTRACT
- E. _____ SIGNATURE OF OWNER (S)
- F. _____ AUTHORIZED AGENT (if applicable)
- G. _____ LETTER OF AUTHORIZATION
- H. _____ ADJACENT LAND OWNERS
- I. _____ VICINITY MAP
- J. _____ COPY OF ZONING MAP
- K. _____ COPY OF FLOOD MAP
- L. _____ COPY OF SOILS MAP
- M. _____ VERIFICATION OF PROPERTY OWNERS