



GROWTH MANAGEMENT DEPARTMENT  
201 SE 3<sup>rd</sup> STREET (Second Floor) Ocala, FL 34471  
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*City of Ocala*

**LAND USE AND ZONING REQUEST**  
(Information Request - \$150.00 fee)

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ Email address \_\_\_\_\_

2. Property information:

a. Property owner(s): \_\_\_\_\_

b. Parcel account number(s) [from tax roll]: \_\_\_\_\_

c. Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Size of Property \_\_\_\_\_

d. Street address of property (or cross streets):

\_\_\_\_\_

3. Current use of property: \_\_\_\_\_

4. Information requested or proposed use: \_\_\_\_\_

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