



# APPLICATION FOR TEXT AMENDMENT\*

## TOWN OF JUPITER

DEPARTMENT OF PLANNING AND ZONING

210 MILITARY TRAIL, JUPITER, FL 33458

PHONE: (561) 741-2323 ❖ FAX: (561) 744-3116

Check (✓) all that apply:     Town Code/Zoning Code     Comprehensive Plan

### GENERAL INFORMATION

General description of request (include name of project or development): \_\_\_\_\_

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

### APPLICANT INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant, if other than owner(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check (✓) here if applicant is contract purchaser. Written consent is required from the property owner if a contract is pending to purchase the property.

### AGENT INFORMATION

A statement of authority is required. All correspondence, invoices and refunds will be addressed to the agent.

Agent: \_\_\_\_\_ Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### RECIPIENT OF SURPLUS ESCROW

Name: \_\_\_\_\_ Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*An appointment must be scheduled with a staff member of the Department of Planning and Zoning to submit this application. Please call (561) 741-2323 to schedule an appointment.**

**\*\*Addresses are assigned by the Building Department. If an address has not been assigned to the property, please call (561) 741-2286 or (561) 741-2460 to request an address**

