



650 Oak St., P.O. Box 266, Bronson, FL 32621
(352)486-2354 ~ FAX (352)486-6262
townmanager@townofbronson.org

Town of Bronson
Application for Land Use Action
By Local Planning Agency/Town Council

The property Owner/Applicant understands that this application for land use action becomes part of the permanent records by the Town of Bronson; that the information and statements provided herein and documentation provided herewith are correct and true to the best of their knowledge and belief, and that any work or other action associated with the approval granted must not commence until all necessary permissions and permits are obtained.

Parcel Number(s): _____ Current Zoning: _____

Property Physical Address: _____

Property Owner Name: _____

Property Owner Mailing Address _____

Applicant (If other than property owner) _____

Applicant Mailing Address: _____

Applicant Phone Number: _____ Email: _____

Lot: _____ Block: _____ Subdivision: _____

Section: _____ Township: _____ Range: _____

Applicant is seeking the following with the Town of Bronson for the referenced property (more than one may be checked).

- Rezoning to _____
- Variance
- Special Exception
- Lot Split
- Lot Combining
- Site Plan Review
- Sign
- Fence
- Other

Requested/Proposed Action: _____

Reason/Justification For Action: _____

Included with the application: Survey Site Plan Floor Plan Other

As the owner of this property, I consent to the above requested action. I understand that I may be asked to present further information or documentation as evidentiary of my request. I further agree that if my requested action is granted, it in no way guarantees the granting of any permissions or permits through the Florida Department of Environmental Protection, the Suwannee River Water Management District, the Levy County Planning Department or any other such entity.

Signature of Property Owner

Signature of Applicant (if different)

*****TOWN OF BRONSON STAFF*****

Approved Approved with these conditions: _____

Denied for reason(s) thereof

Approved by: _____
(Name, title)

Date: _____

Affix Town Seal