



City of Lauderhill
 Planning & Zoning Department
 5581 W. Oakland Park Blvd., Lauderhill, FL 33313
 Phone: 954.730.3050

Zoning Permit Application
Zoning Review for Compliance & Inspection

Type of Development Review (Check all that apply)

Scope of Work			
<input type="checkbox"/> Paint (Residential Building)	<input type="checkbox"/> Wall Sign	<input type="checkbox"/> Ground Sign	
<input type="checkbox"/> Paint (Non-Residential Building)	<input type="checkbox"/> Window Sign (Dynamic)	<input type="checkbox"/> Change of Copy	
<input type="checkbox"/> Tree Removal	<input type="checkbox"/> Hand-held sign	<input type="checkbox"/> Temporary Sign	
<input type="checkbox"/> Other:			<input type="checkbox"/> Pennants / Balloons

Property Description	
Street Address	Folio Number(s)
Nearest Cross Street	
Subdivision	Block
	Lot

Applicant, Owner's Representative or Agent		Landowner (Owner of Record)	
Business Name (if applicable):		Business Name (if applicable):	
Name and Title:		Name and Title:	
Signature:	Date:	Signature:	Date:
Mailing Address:		Mailing Address:	
City, State & Zip:		City, State & Zip Code:	
Phone Number:		Phone Number:	
Email:		Email:	



City of Lauderhill
 Planning & Zoning Department
 5581 W. Oakland Park Blvd., Lauderhill, FL 33313
 Phone: 954.730.3050

Zoning Permit Application

Zoning Review for Compliance & Inspection

All communication will be sent to the Landowner (Owner of Record) and Applicant, unless otherwise requested. Indicate who should be provided with copies of written correspondence:

<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
------------------------------------	-----------------------------------	-------------------------------------	--------------------------------

Architect	Engineer
Business Name (if applicable):	Business Name (if applicable):
Print Name and Title:	Print Name and Title:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:

Contractor	Other
Business Name (if applicable):	Business Name (if applicable):
Print Name and Title:	Print Name and Title:
Mailing Address:	Mailing Address:
City, State & Zip:	City, State & Zip Code:
Phone Number:	Phone Number:
Email:	Email:



Zoning Permit Application
Zoning Review for Compliance & Inspection

Project Information
Briefly describe the proposed scope of work/ improvements (a project narrative must be submitted separately that explains in greater detail the full project scope):

Additional Information					
Tree Permit Information	Location (on the property – e.g. front yard, rear yard, NE corner, etc.):	Number of Trees			
	Existing use of the property (single-family home, duplex, office, etc.):				
	Proposed use of the property (if changing):				
	Reason for the tree removal / relocation:				
	Proposed Start Date:	Proposed Completion Date:			
	<i>Tree replacement or relocation must be completed within six months of the issuance of this permit.</i>				
Paint Permit Information	Is the property subject within a Homeowner’s Association (HOA)? <i>If so, consult with your HOA for approval, prior to submitting the permit to the City.</i>		Yes	No	
	Is there a Code Violation open?		Yes	No	
	If there is an open Code Violation, provide the Code Enforcement # (CE#):				
	Color Palette Theme	<input type="checkbox"/> Tropical	<input type="checkbox"/> Neutral 1	<input type="checkbox"/> Neutral 2	
	Walls (A)		Trim (B)		
	Door (C)		Garage Door (D)		
<i>Select the Paint Color and Number from the City of Lauderhill Residential Color Palette.</i>					



City of Lauderhill
Planning & Zoning Department
5581 W. Oakland Park Blvd., Lauderhill, FL 33313
Phone: 954.730.3050

Zoning Permit Application
Zoning Review for Compliance & Inspection

AFFIDAVIT

I AM THE LANDOWNER OF RECORD (OR I HAVE FURNISHED THE CITY OF LAUDERHILL WITH A NOTARIZED LETTER FROM THE LANDOWNER AUTHORIZING ME TO SUBMIT THIS APPLICATION ON THEIR BEHALF), AND DO HEREBY SWEAR OR AFFIRM THE FOLLOWING:

1. THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Landowner's Name: _____
(or Authorized Official – Owner's Authorization Letter required if not the Owner of Record)

Address: _____

(City) (State) (Zip Code)

Signature of Owner or Authorized Representative

SWORN AND SUBSCRIBED before me this _____ day of _____, _____ by means of
 physical presence or online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

Personally know to me, or
 Produced identification: _____
(Type of Identification Produced)