



Prepared by and return to:

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 Planner
 City of Sanford Planning and Development Services
 City Hall
 300 North Park Avenue
 Sanford, Florida 32771

Tax Parcel Identification Number(s): _____

RECORDING INFORMATION:

Following 4 Items To Be Completed After Recording And Action:

City Commission Date: _____ Regular Meeting: _____

Item No: _____ Decision: _____

APPLICATION/IRREVOCABLE PETITION FOR ANNEXATION

Date Submitted:		Fee Paid:		
Owner(s) of Record:				
Address	Street:	City:	State:	Zip:
Phone:	E-Mail:			
Applicant (for informational purposes only as this document binds the property owner), but property owner hereby appoints _____ to serve as representative at all public hearings regarding the property.				
Address	Street:	City:	State:	Zip:
Phone:	E-Mail:			
Property Appraiser Tax Parcel ID Number(s):				
Legal Description Of Property: (Attached as an exhibit.)				
Proof Of Ownership: (Warranty Deed or Certificate of Title) (Attached as an exhibit.)				
Property Address:				
SIZE OF PROPERTY				
Acreage:		+/-	OR Square Feet:	
Existing Use:		Proposed Use:		
County Future Land Use:		City Future Land Use:		
Existing Zoning:		Proposed Zoning:		