Print Form

Town of Lady Lake
Growth Management Department

*409 Fennell Blvd., Lady Lake, FL 32159 * Phone (352)-751-1574 * Fax (352)-751-1514*

ZONING CLEARANCE FORM

BUSINESS INFORMATION

Name: _____

Address: _____

City, Zip: _____

Phone/Email: _____

Alt. Key_____

Zoning_____ AG-1 _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City, Zip: _____

Phone/Email: _____

Lot Size_____

Section_____ **Township** _____**Range** _____

Legal Description

_____

_____

DESCRIPTION OF BUSINESS OPERATION

Proposed land use(s) at the site: Single ◯ Multiple ◯

Retail/Sales (sq. ft.) _____
Office (sq. ft.) _____
Medical Office (sq. ft.) _____
Personal Services (sq. ft.)- _____
Other use (sq. ft.)- explain_____
ISR/Open Space_____

Please describe the nature of the business:

_____

Days and hours of operation:

_____

Total number of employees:

_____

Total number off-street parking spaces:

Regular _____ ADA Accessible _____

BUILDING INFORMATION

Is this a new business? ☐ Yes ☐ No

Has location been vacant? ☐ Yes ☐ No If yes, how long?

_____

Total gross leased area (sq. ft.) _____

Setbacks: Front_____ Side _____ Rear_____
Site Plan # (If applicable) _____
Flood Map Panel _____Zone_____

Are there any proposed interior alterations? ☐ Yes ☐ No
If so, explain: _____

Are there any proposed exterior alterations? ☐ Yes ☐ No
If so, explain_____

Will the business require a sign? ☐ Yes ☐ No

Will Alcoholic Beverages be served at this location? ☐ Yes ☐ No
Notes: _____

PLANNING DEPARTMENT USE ONLY

Zoning: _____ **Water/Sewer Agreement Required:** ◯ Yes ◉ No

☐ Approved ☐ Approved with Conditions ☐ Denied
☐ On hold ☐ Other _____

Comments: _____

Signature: _____ Date:_____