



100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4679 Fax: 954.786.4666

Interpretation Application

155.2423. INTERPRETATION

(Below is a summary of Section 155.2423. For the complete language, please refer to the Zoning Code)

PROCEDURE

1. Final decision by the Development Service Director.

APPLICATION CHECKLIST

The following copies shall be submitted to the Principal Planner.	
<ul style="list-style-type: none"> • One (1) Original Copy • One (1) Digital Copy in PDF, unless indicated otherwise 	
<input type="checkbox"/>	Application Fee as established by resolution of the City Commission <i>(no copies required)</i>
<input type="checkbox"/>	Completed application with original signatures.
<input type="checkbox"/>	Proof of ownership (owner's certificate form must be completed by owner).
<input type="checkbox"/>	Legal description (Digital copy in WORD)
<input type="checkbox"/>	Written Narrative indicating type of Interpretation and reason for request/ Narratives must be on letterhead, dated, and with author indicated. (Digital copy in WORD)
<input type="checkbox"/>	Current survey. <i>Surveys to be recent and must show all improvements on the property</i>



City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

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Indicate the Type of Interpretation requested	Zoning Map District Boundaries_____	Unspecified Uses_____
	Text Provisions_____	

STREET ADDRESS		Zoning District
SUBDIVISION	BLOCK #	LOT #
Representative's or Agent's interest in property (Owner, Lessee, Etc)		
Has any previous application(s) been filed?		Yes _____ No _____
If Yes, give date of hearing and finding		

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name	Business Name
Print Name and Title	Print Name and Title
Signature	Signature
Date	Date
Street Address	Street Address
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Phone Number	Phone Number
Email	Email
Indicate your preferred medium to receive agendas and notifications: ___ Mail ___ E-Mail	Indicate your preferred medium to receive agendas and notifications: ___ Mail ___ E-Mail



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OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

Owner's Name: (Print or Type)

Address:

(Zip Code)

Phone:

Email address:

(Signature of Owner or Authorized Official)

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)