

**City of Keystone Heights  
Application for Special Exception**

Application No. \_\_\_\_\_

Owner's Name and Address (as shown in the public records of Keystone Heights, FL)

Name : \_\_\_\_\_ phone: \_\_\_\_\_

Address: \_\_\_\_\_

Application Fee: \_\_\_\_\_

**Legal Description of Property** (provide copy of deed):

Street Address: \_\_\_\_\_

**Requested Use:**

Zoning applicable to the property: \_\_\_\_\_

Land Use applicable to the property: \_\_\_\_\_

Requested use of the property : \_\_\_\_\_

Size of property (acres) : \_\_\_\_\_ Size of Proposed Use (SF or acres): \_\_\_\_\_

Other uses on property: \_\_\_\_\_

Please complete the attached description of the proposed use and adjacent uses.

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I hereby certify that I am the Owner of the property that is the subject of this application for Special Exception:

**Signature of Owner:** \_\_\_\_\_

I hereby certify that I am the owner of said property and that I appoint :

\_\_\_\_\_ as my **agent**.

Personally known \_\_\_\_\_ or has produced the following identification: \_\_\_\_\_

Notary Public : \_\_\_\_\_

Clay County, Florida

Agent Contact Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_