

Palm Beach County Zoning Division

2300 N. Jog Road West Palm Beach, Florida 33411 Phone: (561) 233-5200

FAX: (561) 233-5165

REQUEST FOR CONTROL NAME CHANGE

This application is submitted to request an official Control Name Change for the previously approved Development Order referenced below and requires approval by the Zoning Division. This application may be submitted concurrent with another Zoning Application or a standalone as a Zoning Agency Review (ZAR). All applicable fees shall be paid prior to review. In addition to this form, attach a signed Consent Form #3 from each applicable owner.

D. Property Address: E. Subdivision Name: Plat Name: 2. CONTROL NAME CHANGE INFORMATION Current Official Control Name: Proposed Control Name*:	1. PROPERTY INFORMATION		
(1)	A. Control#:	Date of Application:	
(3)	B. Property Control Numbers (PCN): (List all PCN(s) use separate sheet if needed and attach)		
(5)	(1)	(2)	
(5)	(3)	(4)	
D. Property Address: E. Subdivision Name:	(5)	(6)	
E. Subdivision Name:	C. Location of Subject Property	(proximity to closest major intersection or road):	
2. CONTROL NAME CHANGE INFORMATION Current Official Control Name: Proposed Control Name*: ("No more than 60 characters) 3. APPLICANT INFORMATION Property Owner(s): Address: City: State: Zip: Phone: () Email Address: City: State: Zip Phone: () FAX: () Cell Phone: () Email	D. Property Address:		
Current Official Control Name: Proposed Control Name*: (*No more than 60 characters) 3. APPLICANT INFORMATION Property Owner(s): Address: City: State: Zip: Phone: FAX: () Cell Phone: City: State: Zip Phone: FAX: () Cell Phone: Email Email	E. Subdivision Name:	Plat Name:	
Address: City: State: Zip: Phone: FAX:	Proposed Control Name*:		
Phone: () FAX: () Cell Phone: () Email Agent:* Name of Firm: Address: City: State: Phone: () FAX: () Cell Phone: () Email	Property Owner(s):		
Cell Phone: () Email Agent:* Name of Firm: Address: City:State:Zip Phone: () FAX: () Cell Phone: () Email	Address:	City:State: Zip:	
Agent:*	Phone: ()	FAX: ()	
Agent:*			
Phone: () FAX: () Cell Phone: () Email			
Cell Phone: () Email	Address:	City: State: Zip	
	Phone: ()	FAX: ()	
*If annihable	Cell Phone: ()	Email	
тт аррисаріе	*If applicable		