

Directory of Neighborhood Organizations & Registration for Zoning Notifications



Disclaimer

Please note that under Florida's very broad public records law, all information contained in this form is subject to public disclosure. However, phone numbers will not be published online. **All fields with an (*) are REQUIRED and MUST be filled out.**

Neighborhood Organizations

*Date ___/___/20___		*Is this applicaiton a New Listing? or and Update?	
*Name of Organization	<input type="text"/>	*Would you like to receive Zoning Notification?	Yes No
*Organization Type	<input type="text"/>	*Is your Organization a CPAC Member?	Yes No
*Street Address	<input type="text"/>	*Suite/Floor Number	<input type="text"/>
*City	<input type="text"/>	*Zip Code	<input type="text"/>
*Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
*Email	<input type="text"/>	Secondary Email	<input type="text"/>
Website	<input type="text"/>	Social Media	<input type="text"/>
Meeting Date/Time	<input type="text"/>	Meeting Location	<input type="text"/>
Planning District	<input type="text"/>	Council District	<input type="text"/>
Real Estate #	<input type="text"/>		

Street Boundaries

*North Boundary	<input type="text"/>	*South Boundary	<input type="text"/>
*East Boundary	<input type="text"/>	*West Boundary	<input type="text"/>
Boundary Comments	<input type="text"/>		

Contact Information (Receives Notifications)

*Name	<input type="text"/>		
*Street Address	<input type="text"/>	Suite/Floor Number	<input type="text"/>
*City	<input type="text"/>	*Zip Code	<input type="text"/>
*Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
*Email	<input type="text"/>	Secondary Email	<input type="text"/>
Website	<input type="text"/>	Social Media	<input type="text"/>

Officer Information

Organization Representative (Required)

*Name	<input type="text"/>	*Title	<input type="text"/>
Company	<input type="text"/>	*Street	<input type="text"/>
Suite	<input type="text"/>	*City	<input type="text"/>
*Zip Code	<input type="text"/>		
*Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
*Email	<input type="text"/>	Secondary Email	<input type="text"/>
Website	<input type="text"/>	Social Media	<input type="text"/>

Organization Representative (Strongly Suggested)

Name	<input type="text"/>	Title	<input type="text"/>
Company	<input type="text"/>	Street	<input type="text"/>
Suite	<input type="text"/>	City	<input type="text"/>
Zip Code	<input type="text"/>		
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Email	<input type="text"/>	Secondary Email	<input type="text"/>
Website	<input type="text"/>	Social Media	<input type="text"/>

Organization Representative 3

Name	<input type="text"/>	Title	<input type="text"/>
Company	<input type="text"/>	Street	<input type="text"/>
Suite	<input type="text"/>	City	<input type="text"/>
Zip Code	<input type="text"/>		
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Email	<input type="text"/>	Secondary Email	<input type="text"/>
Website	<input type="text"/>	Social Media	<input type="text"/>