Town of Micanopy Florida

Application for Land Use Approval

Date: 09/12/2025 Application Number: _____

Requested Approval

Certificate of Appropriateness ☐ Lot Split ☐ Variance ☐ Re-Zoning ☐

Site Plan Review ☐ Sign ☐ Fence ☐ Tree Removal ☐ Other ☒ Special Use Permit

Property Owner Name: Micanopy Area Cooperative School Inc.

Property Owner Mailing Address: 802 NW Seminary Ave, Micanopy, Fl 32667

Applicant (if other than property owner): JBPRO

Applicant Mailing Address: 3530 NW 43rd Street, Gainesville, Fl 32606

Owner/Applicant Telephone: 352 - 375 - 8999 Email tim.boehlein@jbpro.com

Property Tax Parcel Number: 16808-002-000 & 16520-067001 Current Zoning: _____

Property Street Address: 803 NW Seminary Ave, Micanopy, Fl 32667

Requested/Proposed Action: To approve a special use permit for the portion of land zoned R-2 and allow for accessory uses such as the septic tank and turn-around area for vehicles to be placed on the parcel.

Reason/Justification for this Application: The Town of Micanopy comprehensive plan states that educational facilities are an allowable use on residential properties. The land development code states that educational facilities are allowable on residential properties with a special exemption.

Included With this Application: ☒ Survey ☒ Site Plan ☐ Floor Plan

☐ Elevation Drawings ☐ Construction Drawings ☐ Project Photos

☐ Other: _____

Fee Amount: $_____ Date Paid: _____

☐ Cash ☐ Check: *Date* _____ *Number* _____

The undersigned property Owner/Applicant understands that this Application becomes a part of the permanent records of the Town of Micanopy; that the information and statements provided herein and documentation provided herewith are correct and true to the best of the undersigned's knowledge and belief, and all such information/documentation is public record; and that any work or other action associated with the approval granted must commence within one year of the date of the issuance of such approval.

Signature of Owner/Applicant: _____

Signature Owner/Applicant

9/12/2025

Date

Town of Micanopy

Approval ☐ Conditional Approval ☐ Denied ☐

Comments and/or Conditions:

_____

_____

_____

_____

_____

_____

Planning & Historic Preservation Board: *Date:* _____

_____ _____

Signature *Printed Name & Title*

Town of Micanopy: *Date:* _____

_____ _____

Signature *Printed Name & Title*