



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 ed-
ucational 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

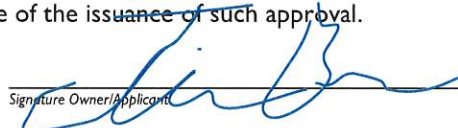
☐ Other: _____

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