

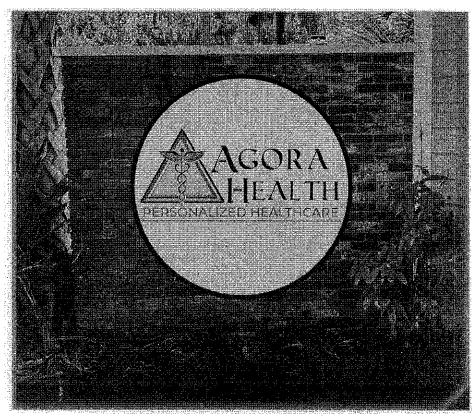
MAR 25, 2025 (MAR 13 th Documents needed)

Application for Land Use Approval

Date: 3/4/25 Application Number: 2025-0304-A
Requested Approval
Certificate of Appropriateness Lot Split Variance Rezoning Rezoning Sign Fence Other
Property Owner Name: The Pfaffi Group LLC, Property Owner Mailing Address: 504 NF Cholokka BLVD, Micanopy Applicant (if other than property owner): Jason Pfaffy, Mallory Pfaffiy Applicant Mailing Address: Same Owner/Applicant Telephone: 719-431-9991 Email Jason Pfaffy @ outlook.
Property Tax Parcel Number: 16633-601-000 Current Zoning: C-1 Property Street Address: 504 NE Cholo Kta Blvd, Mcanogy
Requested/Proposed Action: Business Sign
Leason/Justification for this Application. Mark J. Mar
leason/Justification for this Application: New business, doctors office

Included With this Application:	☐ Site Plan ☐ Floor Plan
☐ Elevation Drawings ☐ Constr	uction Drawings Project Photos
☐ Other:	
Fee Amount: \$ 50.00	Date Paid: 3/4/a025
□ Cash	1/25 Number 749
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:	
To	wn of Micanopy
Approval □ Co	nditional Approval Denied
Comments and/or Conditions:	
Planning & Historic Preservation Board:	Date:
Signature .	Printed Name & Title
Town of Micanopy:	Date:
Signoture	Printed Name & Title

Agora Health PLLC Signage 504 NE Cholokka Blvd, Micanopy Daytime



4 ft diameter circle
Plasma cut 14ga stee
Painted per picture
Backlit with white light
Hung on 2" standoff

Night (Its Backlit)

