

Directory of Neighborhood Organizations & Registration for Zoning Notifications



Disclaimer

Please note that under Florida's very broad public records law, all information provided on 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 However, phone numbers will not be published online.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.

*Date ___/___/2017

*Is this a new listing or Update

*Would you or your organization like to receive Zoning Notifications? (**MUST** check one): Yes No

*Name of Organization: _____

*Type of Organization: Business Condo or Home Owners Association Faith Based
(**MUST** check one) Neighborhood Civic Other _____

*Address: (P.O. Boxes will not be accepted)

City: Jacksonville State: Florida *Zip: _____ *Real Estate Number: _____-_____

*Organization's Contact Name: _____

*Contact's Primary Phone #: _____-_____-_____ Contact's Secondary Phone #: _____-_____-_____
(Phone numbers will not be displayed online)

*Contact's Email: _____ Contact's Secondary Email: _____

Organization's Website: _____

Social Media Webpage: _____

Meeting Day: _____ Meeting Time: _____

*Meeting Location: _____

*CPAC Member: Yes No

Council District: _____ Planning District: _____

*Street Boundaries:

NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

*Contact Person to receive Zoning Notifications: _____

*Address: _____

City: _____ State: _____ *Zip: _____

*Contact's Primary Phone #: _____-_____-_____ Contact's Secondary Phone #: _____-_____-_____-_____

*Contact's Email: _____ Contact's Secondary Email: _____

Organization's Website: _____

Social Media Webpage: _____

Directory of Neighborhood Organizations & Registration for Zoning Notifications



*Officer Name: _____ *Title: _____

*Address: _____

City: _____ State: _____ *Zip: _____

*Contact's Primary Phone #: _____ - _____ - _____ Contact's Secondary Phone #: _____ - _____ - _____

*Contact's Email: _____ Contact's Secondary Email: _____

Organization's Website: _____

Social Media Webpage: _____

*Officer Name: _____ *Title: _____

*Address: _____

City: _____ State: _____ *Zip: _____

*Contact's Primary Phone #: _____ - _____ - _____ Contact's Secondary Phone #: _____ - _____ - _____

*Contact's Email: _____ Contact's Secondary Email: _____

Organization's Website: _____

Social Media Webpage: _____

*Officer Name: _____ *Title: _____

*Address: _____

City: _____ State: _____ *Zip: _____

*Contact's Primary Phone #: _____ - _____ - _____ Contact's Secondary Phone #: _____ - _____ - _____

*Contact's Email: _____ Contact's Secondary Email: _____

Organization's Website: _____

Social Media Webpage: _____

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Please E-mail or mail form to:

E-mail: Neighborhoodservices@coj.net

Mail: City of Jacksonville
 Neighborhood Services Office
 Attention: Shaun Rycroft, City Planner I
 214 North Hogan Street, 5th Floor
 Jacksonville, FL 32202

Questions? Call the Neighborhood Services Office at 904-255-8250.

PLEASE NOTE: This information is subject to public record requests.

For Staff Use Only

Intake By: _____

Verified By: _____

Date Registered or Updated with
COJ: _____