



LAND REZONING APPLICATION

A. GENERAL INFORMATION

Type of Application: Rezoning (excluding PUD)
 Rezoning to PUD

Legal description of land for which rezoning is required:

Lot: _____ Block: _____ Section or Unit: _____ Subdivision: _____

Map Book No.: _____ Page No.: _____ 911 Address: _____

Other Description: _____

(USE ADDITIONAL SHEETS IF NECESSARY)

Parcel(s) within the CRA? Yes No Which one? North Central South

Size of Parcels (Acres): _____

Current Zoning District Classification: _____

Requested Zoning District Classification: _____

B. APPLICANT INFORMATION

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

C. FEE SCHEDULE

Application fees are Project dependent

		Application Fee	Advertising
Rezoning (excluding PUD)	\$ 410	\$ 350	\$ 60
Rezoning to PUD	\$ 1,560	\$ 1,500	\$ 60

Note: Required fees must be paid a time of filing.

Date Received: _____ Received By: _____

Comments: _____

D. REZONING QUESTIONNAIRE

1. The parcel for which rezoning is sought is currently the location of and/or is used as follows:

2. The reason a rezoning is being sought and reasons or supporting data as to why such change should be made:

3. Total area of parcel (in acres) or part thereof to be rezoned is: _____

4. Street frontage and average minimum width of parcel sought to be rezoned is:

Length: _____ Width: _____

5. Has any application been submitted for rezoning of any portion of the parcel included in this application within the past two years? Yes No

If so, give details of such application and final disposition: _____

[Remainder of Page Intentionally Left Blank]

E. SUBMITTAL REQUIREMENTS

Eight (8) copies of the following must be provided at least 30 days prior to the requested hearing date.

1. Completed Application.
2. Application Fee.
3. If your alternative does cause any economic or environmental impacts, a detailed economic and environmental analysis should be provided. This analysis would identify the anticipated impacts of the proposed alternative and provide mitigation measures or procedures which may be used to reduce any negative impact. Incomplete applications may result in a delay until the next plan amendment cycle.
4. An accurate legal description of the property being requested for an amendment.
5. Copy of the Recorded Deed to the Property Involved in Request. If Applicant is not Owner, a Notarized Letter of Authorization from the Owner must be Included.
6. A Plot plan showing all Existing and Proposed Structures or Improvements.
7. Notarized letters from property owners consenting to proposed amendment.
8. Certified Title Opinion from a licensed title company not older than thirty (30) days.
9. If this rezoning is for residential land use, a school capacity analysis must be submitted by the applicant. Please contact Putnam County Schools at (386) 329- 0646 for capacity information and calculation methodology.
10. Notarized letter designating agent to act on behalf of property owner(s).
11. Boundary survey of the area affected by the proposed amendment.
12. Supplemental information to include:
 - Soils
 - Wetlands (type, location, and amount of acreage)
 - Topography / Flood prone areas
 - Historic resources
 - Aquifer recharge areas
 - Traffic study / transportation management plan
 - Other supporting data as may be required to process application.
13. You may provide any additional information which may be relevant to your application or which could result in a more favorable treatment of this request.
14. If an individual wishes to withdraw their application, it must be submitted in writing 48 hours prior to the scheduled Planning and Zoning hearing, or a like rezoning application cannot occur within one year from the date of the withdrawal.

[Remainder of Page Intentionally Left Blank]

F. Applicant or Agent Certification:

I have read this application, and to the extent that I participated in the application, I have answered each item fully and accurately. and that all answers, information, sketches, data, and other supplementary information attached to or included herewith as application, are accurate and true to the best of my knowledge and belief.

He/she understands that this application is submitted pursuant to the City of Crescent City's Comprehensive Plan and Land Development Code and Chapter 163, Part II (The Community Planning Act) of the Florida Statutes. The public record of this matter will consist of this application, the exhibits, documents, or other materials prepared by the applicant and submitted to the City of Crescent City; information or materials the City of Crescent City may submit: public comment submitted through the City of Crescent City; and comments made at public hearings related to this application.

He/she understands the application must be submitted during the established submission period to: City of Crescent City, Planning and Zoning, 3 N Summit St, Crescent City, FL 32112. Completeness of application is the responsibility of the applicant.

Signature of Applicant

Date

Type or Print Name

Signature of Agent

Date

Type or Print Name

STATE OF FLORIDA
COUNTY OF PUTNAM

The foregoing instrument was acknowledged before me this ____ day of 20____, by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public

(SEAL)

Type or Print Name