



City of Crescent City

3 NORTH SUMMIT STREET
CRESCENT CITY, FLORIDA 32112-2599

City Hall: (386) 698-2525
Fire: (386) 698-1212
Gas Dept: (386) 698-1486
Water Dept: (386) 698-2525
FAX: (386) 698-3467

LAND AND 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 Number _____ Page Number _____ 911 Address _____

Other Description _____

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

Size of Parcels (Acres): _____ Current Zoning District Classification: _____

Requested Zoning District Classification: _____

B. APPLICANT INFORMATION

Property Owner: _____

Address: _____

City: _____

Phone: _____

C. FEE SCHEDULE

Application fees are Project dependent

Rezoning (excluding PUD) \$350.00 **PLUS** Advertising Fee

Rezoning to PUD \$1,500.00 **PLUS** Advertising Fee

Date Received: _____ Received By: _____

Comments: _____

DISCLAIMER ISSUING OF THIS PERMIT DOES NOT RELEASE THE APPLICATION FROM OBTAINING ALL OTHER NECESSARY PERMITS

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 the 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:

E. SUBMITTAL REQUIREMENTS

Eight (8) copies of the following must be provided at least 30 days before 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 the 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 the 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 may be required to process the application.

13. You may provide any additional information which may be relevant to your application, or which could result in more favorable treatment of this request.

14. If an individual wishes to withdraw their application, it must be submitted in writing 48 hours before the scheduled Planning and Zoning hearing or like rezoning application cannot occur within one year from the date of the withdrawal.

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 under 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 the 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 not take an oath.

Notary Public

Type or Print Name

{Seal}