



THE CITY OF  
**CRESCENT**  
**CITY** FLORIDA

**LAND AND REZONING APPLICATION**

**A. General Information**

**Type of Application:** \_\_\_ Rezoning (excluding PUD) Fee: \$ 700.00 **PLUS** Advertising Fee

\_\_\_ Rezoning to PUD Fee: \$2,000.00 **PLUS** Advertising Fee

The 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**

Amount 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:

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

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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 in 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:**

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## **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 the 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 the 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 the 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

\_\_\_\_\_  
Print Name

Type or

{Seal}