



APPLICATION—CITY PLAN BOARD
Planning & Development Services

OFFICE USE ONLY

Petition No. PB-14-166 LLC Fee: \$ Gov't - N/A
 1st Step Mtg Date: _____ EZ Fee: \$ _____
 Tax Map No. _____ Receipt No. _____

Account No. 001-660-6680-3401 []
 Account No. 001-660-6680-1124 (Enterprise Zone) []
 Account No. 001-660-6680-1125 (Enterprise Zone Credit []

Owner(s) of Record (please print)

Name: _____
 Address: _____

 Phone: _____ Fax: _____
 (Additional owners may be listed at end of applic.)

Applicant(s)/Agent(s), if different

Name: City Plan Board
 Address: _____

 Phone: _____ Fax: _____

Note: It is recommended that anyone intending to file a petition for amendments to the future land use map or zoning map atlas, meet with the Department of Community Development prior to filing the petition in order to discuss the proposed amendment and petition process. Failure to answer all questions will result in the application being returned to the applicant.

REQUEST

Check applicable request(s) below:

Future Land Use Map <input checked="" type="checkbox"/>	Zoning Map <input type="checkbox"/>	Master Flood Control Map <input type="checkbox"/>
Present designation: <u>Series</u>	Present designation: _____	Other <input type="checkbox"/> Specify: _____
Requested designation: _____	Requested designation: _____	

INFORMATION ON PROPERTY

1. Street address: _____
 2. Map no(s): _____
 3. Tax parcel no(s): _____
 4. Size of property: _____ acre(s)

*All requests for a land use or zoning change for property of less than 3 acres are encouraged to submit a market analysis or assessment, at a minimum, justifying the need for the use and the population to be served. All proposals for property of 3 acres or more **must** be accompanied by a market analysis report.*

Certified Cashier's Receipt:

Amend the Future Land Use ~~Element~~ ^{Map Series} to replace the Historic Preservation map series with a map series showing historic district boundaries, and designated historically

Bigo

5. Legal description (attach as separate document, using the following guidelines):

- a. Submit on 8 ½ x 11 in. sheet of paper, separate from any other information.
- b. May not be included as part of a Purchase Agreement, Contract for Sale, Lease Agreement, Transfer of Title, Warranty Deed, Notice of Ad Valorem Taxes, Print-outs from Property Appraiser's Office, etc.
- c. Must correctly describe the property being submitted for the petition.
- d. Must fully describe directions, distances and angles. Examples are: North 20 deg. West 340 feet (not abbreviated as N 20 deg. W 340'); Right-of-Way (not abbreviated as R/W); Plat Book (not abbreviated as PB); Official Records Book 1, page 32 (not abbreviated as OR 1/32); Section 1, Township 9 South, Range 20 East (not abbreviated as S1-T9S-R20E).

6. **INFORMATION CONCERNING ALL REQUESTS FOR LAND USE AND/OR ZONING CHANGES** (NOTE: *All development associated with rezonings and/or land use changes must meet adopted level of service standards and is subject to applicable concurrency requirements.*)

A. What are the existing surrounding land uses?

North

South

East

N/A

West

B. Are there other properties or vacant buildings within ½ mile of the site that have the proper land use and/or zoning for your intended use of this site?

NO ____

YES ____

If yes, please explain why the other properties cannot accommodate the proposed use?

N/A

C. If the request involves nonresidential development adjacent to existing or future residential, what are the impacts of the proposed use of the property on the following:

Residential streets

Noise and lighting

NA

D. Will the proposed use of the property be impacted by any creeks, lakes, wetlands, native vegetation, greenways, floodplains, or other environmental factors or by property adjacent to the subject property?

NO ___ YES ___ (If yes, please explain below)

NA

E. Does this request involve either or both of the following?

a. Property in a historic district or property containing historic structures?

NO ___ YES ___

NA

b. Property with archaeological resources deemed significant by the State?

NO ___ YES ___

F. Which of the following best describes the type of development pattern your development will promote? (please explain the impact of the proposed change on the community):

Redevelopment ___
Activity Center ___
Strip Commercial ___

Urban Infill ___
Urban Fringe ___
Traditional Neighborhood ___

NA

Explanation of how the proposed development will contribute to the community.

NA

G. What are the potential long-term economic benefits (wages, jobs & tax base)?

NA

H. What impact will the proposed change have on level of service standards?

Roadways

Recreation

Water and Wastewater

NA

Solid Waste

Mass Transit

I. Is the location of the proposed site accessible by transit, bikeways or pedestrian facilities?

NO ____

YES ____ (please explain)

NA

CERTIFICATION

The undersigned has read the above application and is familiar with the information submitted. It is agreed and understood that the undersigned will be held responsible for its accuracy. The undersigned hereby attests to the fact that the parcel number(s) and legal description(s) shown in questions 3 and 5 is/are the true and proper identification of the area for which the petition is being submitted. Signatures of all owners or their agent are required on this form. Signatures by other than the owner(s) will be accepted only with notarized proof of authorization by the owner(s).

Owner of Record	
Name:	
Address:	
Phone:	Fax:
Signature:	

Owner of Record	
Name:	
Address:	
Phone:	Fax:
Signature:	

Owner of Record	
Name:	
Address:	
Phone:	Fax:
Signature:	

Owner of Record	
Name:	
Address:	
Phone:	Fax:
Signature:	

No person submitting an application may rely upon any comment concerning a proposed amendment, or any expression of any nature about the proposal made by any participant, at the pre-application conference as a representation or implication that the proposal will be ultimately approved or rejected in any form.

To meet with staff to discuss the proposal, please call (352) 334-5022 or 334-5023 for an appointment.

Quelia Lanzan

Owner/Agent Signature

12/15/14

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by (Name)
_____.

Signature – Notary Public

Personally Known ____ OR Produced Identification ____ (Type) _____