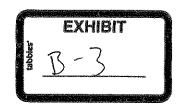
## LEGISLATIVE # 120524G







## APPLICATION—CITY PLAN BOARD Planning & Development Services

	OFFICE	USE ONLY	1//	
Petition No. <u>PB - 12</u> 1 <sup>st</sup> Step Mtg Date:	-110 LUC F	Fee: \$ 600	MALA	
1 <sup>st</sup> Step Mtg Date:		EZ Fee: \$		
Tax Map No	ŀ	Receipt No.		
Account No. 001-660				
Account No. 001-660	-6680-1124 (Ente	rprise Zone) [ ]		
Account No. 001-660	-6680-1125 (Enter	rprise Zone Credi	it   ]	
Owner(s) of Record (please print)		Applicant(s)/Agent(s), if different		
Name: City flan Board		Name:		
Address: Po Box 490		Address:		
Chinesuille F1 32627				
Di				
Phone: Fax:		Phone:	Fax:	
(Additional owners may be listed	at end of applic.)			
Note: It is recommended that anyor	a intending to file a	natition for an and	and a death of the last	
zoning map atlas, meet with the Dep	artment of Commun	petition jor amenam itv Development pri	ienis io ine juiure iana u or to filina the patition i	se map or
discuss the proposed amendment an	d petition process. I	ay Development prit Failure to answer all	or to juing the petuton in anestions will result in	the
application being returned to the ap	plicant.	orren e to answer an	questions will result in	ine
	and the second part of the secon	UEST		
Check applicable request(s) below:				
Future Land Use Map X	Zoning Map [ ]		Master Flood Contr	ol Map []
Present designation: PF	Present designation:		Other [ ] Specify:	
Requested designation: <b>&amp;L</b>	Requested designation:			
	INFORMATION	ON PROPERTY	7	
1. Street address: 1126 NW 7	Ave. Gaineville	e, []		
2. Map no(s): 3950		·		
3. Tax parcel no(s): 13861-000	-000			
4. Size of property: 0.04	acre(s)			
All requests for a land use or zoning	g change for propert	y of less than 3 acre	es are encouraged to sub	bmit a market
analysis or assessment, at a minin	num, justifying the i	need for the use an	id the population to be	served. All
proposals for property of 3 acres or	more <b>must</b> be accon	npaniea by a market	analysis report.	

Certified Cashier's Receipt:

Phone: 352-334-5022

- 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 Education

South Public Facilities

East Residential low density

West Public Facilities

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 X

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

C.	residential, what are the impacts of the proposed use of the property on the following:				
	Residential streets				
	NA				
	Noise and lighting				
	N/A				
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 X YES (If yes, please explain below)				
Ē.	Does this request involve either or both of the following?				
	a. Property in a historic district or property containing historic structures?				
	b. Property with archaeological resources deemed significant by the State?				
	b. Property with archaeological resources deemed significant by the State?  NO X				
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 Urban Infill X				
	Activity Center Urban Fringe Strip Commercial Traditional Neighborhood				

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

This request will supplement the amount of useable residential area on an already residentially developed property

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

  No significant impacts
- H. What impact will the proposed change have on level of service standards?

Roadways

No significant impacts. Property is already developed

Recreation

No significant impacts

Water and Wastewater

No significant impacts

Solid Waste

No significant impacts

Mass Transit

No significant impacts.

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

NO \_\_\_\_ YES X (please explain)

The site is accessible by read, sidewalk, bike lanes, and negoby transit

## **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	Owner of Record
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Signature:	
orginaturo.	Signature:
Owner of Record	Owner of Record
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Signature:	Signature:
	Owner/Agent Signature  9-17-12
	Date
STATE OF FLORDIA COUNTY OF	Date
Sworn to and subscribed before me this	day of
Sworn to and subscribed before me this	
Personally Known OR Produced Identificati	Signature – Notary Public