



# CITY OF FELLSMERE Community Development Department

21 South Cypress Street Fellsmere, Fla. 32948

Phone: 772.571.9077/Fax: 772.571.0097

## APPLICATION FOR VOLUNTARY ANNEXATION

This Application for Voluntary Annexation, to be filed with the Community Development Department, shall be complete and all required documents attached. Fees shall be paid at the time of submittal. The Applicant will be notified of the Public Hearing dates to be scheduled before the City Council. The City and Applicant shall adhere to the Florida Statutes Chapter 171, Part I regarding annexation procedures.

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS OF PROPERTY TO BE ANNEXED: \_\_\_\_\_

### LEGAL DESCRIPTION OF PROPERTY TO BE ANNEXED:

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT/PARCEL: \_\_\_\_\_

PLAT BOOK/PAGE: \_\_\_\_\_

TOTAL ACREAGE: \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

CURRENT USE: \_\_\_\_\_

PRESENT COUNTY ZONING CLASSIFICATION: \_\_\_\_\_

PRESENT COUNTY FUTURE LAND USE CLASSIFICATION: \_\_\_\_\_

REQUESTED ZONING CLASSIFICATION: \_\_\_\_\_

REQUESTED FUTURE LAND USE CLASSIFICATION: \_\_\_\_\_

### REQUIRED EXHIBITS/QUESTIONS:

- \_\_\_\_\_ A. Check for Application fees: Check for Application fees: 0-5 acres: \$750/ >5 to 10 acres: \$1,500; over 10 acres: \$2,000 plus \$50/acre; \$1,500 for Annexation/Development Agreement
- \_\_\_\_\_ B. \$7,500 Professional Services Escrow fee. (Only to be paid 1 time for combined applications.)
- \_\_\_\_\_ C. A County Property Appraiser's map showing the exact property and location.
- \_\_\_\_\_ D. A copy of the most recent recorded Warranty Deed.
- \_\_\_\_\_ E. A Certified Survey prepared within one (1) year before the date of Application of the subject property with legal description and acreage. Electronic version of Survey and legal description is required.
- \_\_\_\_\_ F. Notarized statement(s) from all property owners listed on the warranty deed who are authorizing someone other than themselves to act on their behalf as the applicant.
- \_\_\_\_\_ G. Certificate of Title from an Attorney or Title Insurance Company (O and E Report) prepared within six (6) months before date of Application.
- \_\_\_\_\_ H. Certificate of Good Standing for corporate/limited liability company/partnership owner; copy of Articles of Incorporation for Corporation/copy of Articles of Organization for LLC/copy of Partnership Agreement for Partnership/copy of document creating other entities.
- \_\_\_\_\_ I. Is there a lien(s)/mortgage(s) against the property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach a letter of authorization from all the lienholders.
- \_\_\_\_\_ J. Describe the existing use of the property. \_\_\_\_\_
- \_\_\_\_\_ K. Describe the intended use of the property. \_\_\_\_\_

# CITY OF FELLSMERE Community Development Department

21 South Cypress Street Fellsmere, Fla. 32948

Phone: 772. 571.9077/Fax: 772. 571.0097

The undersigned understands that this Application must be complete and accurate prior to advertising a public hearing. The undersigned further understands that this Application may be required to be reviewed by the Urban Services Advisory Committee created by Interlocal Agreement between Indian River County and all municipalities within the County before it is presented to the City Council.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, depose and say that:

\_\_\_\_\_ I am the owner of the subject property, or if a corporation/limited liability company/partnership, I am the officer/managing member/general partner authorized to sign this Application.

\_\_\_\_\_ I am the legal representative of the owner of the subject property of this Application. (If the property is not owned or owned only in part by the applicant, a notarized letter must accompany the Application giving written consent by all property owners of the subject property unless the applicant is the Attorney for the owner.)

**ALL THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION AND ALL SURVEYS, SKETCHES AND DATA ATTACHED TO AND MADE A PART OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:**

Dated: \_\_\_\_\_

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Print Name of Applicant)*

\_\_\_\_\_  
*(Title)*

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who [ ] is personally known to me or [ ] has produced a \_\_\_\_\_ as identification.

*[Notary Seal]*

Notary Public Commission No. \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**FOR CITY OF \_\_\_\_\_ USE ONLY:**

**CITY OF \_\_\_\_\_ ANNEXATION NUMBER: \_\_\_\_\_**

**FEES PAID: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_**

**PZ/LPA MEETING DATE/ACTION: \_\_\_\_\_**

**CITY COUNCIL MEETING/ACTION: \_\_\_\_\_**

**SIGNATURE OF PERSON ACCEPTING APPLICATION: \_\_\_\_\_**

**DATE: \_\_\_\_\_**