

**APPLICATION FOR REZONING, COMPREHENSIVE PLAN AMENDMENT,
LAND DEVELOPMENT CODE AMENDMENT OR CONDITIONAL USE**

City of Fellsmere, 22 S. Orange Street, Fellsmere, Florida 32948

Phone: 772-571-9077 Fax: 772-571-0097

Check all that apply:

REZONING
 LAND DEVELOPMENT CODE AMENDMENT

COMPREHENSIVE PLAN AMENDMENT
 CONDITIONAL USE

Applicant

Company _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

If Applicant is not the full owner of the Property, please provide a signed authorization from the owner permitting the application and acknowledging responsibility for all fees, fines, and property encumbrances that may be imposed as a result of this application.

Applicant's Representative

Company _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

Real Property Owner

Company _____
Name _____
Address _____

Phone _____
Mobile _____
Fax _____
Email _____

Property Subject to Amendment (if applicable)

Address _____

Proposed Use _____
Proposed Land Use _____
Proposed Zoning _____

Total Acreage _____
Tax Folio Number _____
Current Use _____
Current Land Use _____
Current Zoning _____

Section Subject to Amendment (if applicable)

Comprehensive Plan

Goal _____
Objective _____
Policy _____
(attach additional sheets if necessary)

Land Development Regulation

Chapter _____
Section _____

JUSTIFICATION

(attach additional sheets if necessary)

COMPREHENSIVE PLAN CONSISTENCY

(attach additional sheets if necessary)

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Application Checklist – THREE COPIES OF EACH APPLICABLE ITEM

Application fees as set by resolution of the City Council

Warranty Deed for subject property

Legal description and sketch of the property subject to future land use amendment, rezoning or conditional use including word version of legal description containing total acreage (A separate legal and sketch shall be provided for each distinct future land use or rezoning district requested containing the acreage of each such district.)

Certificate of Title from an attorney or Title Insurance Company dated no further than 6 months before date of application

Certificate of good standing for corporate owner/copy of articles of incorporation, if applicable

Letter of authorization of all lien holders (if applicable)

If the property is not owned or is 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

For Conditional Use, a site plan or site sketch and other requirements as set forth in the Land Development Code Sec. 17.15

Mailing labels of names and addresses of all property owners within a 300' radius of the property covered by this application (Names and addresses of property owners shall be obtained from the Indian River County Property Appraiser's Office or an Attorney or Title Company.)

STATE OF _____

COUNTY OF _____

I, _____, being first duly sworn, dispose and say that:

_____ I am the owner of the subject property, or if corporation, I am the officer of the corporation authorized to act on this request.

_____ I am the legal representative of the owner of the subject property of this application.

_____ I am the Applicant or legal representative of the Applicant for this application to amend the Land Development Code.

All the answers to the questions in this application and all sketches and data attached to and made part of this application are true to the best of my knowledge. Any representation(s) made on my behalf and obligation(s) accepted on my behalf, by my authorized representative, shall be legally binding on me as if I myself had made said representation(s) or obligation(s) including, but not limited to, responsibility for all fees and costs imposed by the City of Fellsmere Land Development Fee Schedule adopted by Resolution which is amended from time to time and fines and property encumbrances that may be imposed as a result of the Application.

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____ by _____, who is personally known to me or produced _____ as identification.

Notary Public / My Commission Expires:

My Commission Number is:

FOR CITY USE ONLY

Permit Type: <15,000sf <5ac >5ac >10ac LDC Zoning Conf.: Y N Conc. Rvw.: Y N

Permit Fee Due _____ Escrow Fee Due _____ Receipt # _____ Receipt Date _____

Routing: CM Fin. Util. FD PD Att. Eng. Traf. Env. Arch. IRC-Util. IRC-Road

(circle applicable review entities) Project No. _____ Date Application Complete _____