APPLICATION FOR
REZONING
COMPREHENSIVE PLAN AMENDMENT
LAND DEVELOPMENT CODE AMENDMENT
CONDITIONAL USE
City of Fellsmere, 22 S. Orange Street, Fellsmere, Florida 32948
Phone: 772-571-9077 Fax: 772-571-0097

Check all the apply:
___ REZONING
___ COMPREHENSIVE PLAN AMENDMENT
___ LAND DEVELOPMENT CODE AMENDMENT
___ CONDITIONAL USE

Applicant
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__________________________________________

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____________________________________________
Land Development Regulation
Chapter__________________________________________
Section__________________________________________
(attach additional sheets if necessary)

JUSTIFICATION
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
(attach additional sheets if necessary)

COMPREHENSIVE PLAN CONSISTENCY
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
(attach additional sheets if necessary)
APPLICATION FOR REZONING, COMPREHENSIVE PLAN AMENDMENT, LAND DEVELOPMENT CODE AMENDMENT, CONDITIONAL USE
City of Fellsmere, 22 S. Orange Street, Fellsmere, Florida 32948
Phone: 772-571-9077 Fax: 772-571-0097

Check all the apply:
___ REZONING
___ COMPREHENSIVE PLAN AMENDMENT
___ LAND DEVELOPMENT CODE AMENDMENT
___ CONDITIONAL USE

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.

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.

____________________________________ Date
Signature of Applicant

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

PermitType: <15,000sf <5ac >5ac >10ac Zoning Conf.: Y N Conc. Rvw.: Y N Permit Fee Due Escrow Fee Due Receipt # Receipt Date
(circle applicable review entities)
Project No. ______________ Date Application Complete ____________

Page 2 of 2 Form Date 5.6.13