



City of Apalachicola
Application for Rezoning or Land Use Change

Official Use Only

Date Received: _____
Meeting Date: _____
Fees Due: _____
Date Fees Paid: _____

OWNER INFORMATION

REPRESENTATIVE INFORMATION

(if applicable)

Owner _____
Address _____
City _____ State _____ Zip _____
Phone _____

Name _____
Email _____
Phone _____

PROJECT TYPE

Re-Zoning Request _____ Land Use Change Request _____

PROPERTY INFORMATION

Street Address (911 Address): _____
City & State: _____ Zip: _____
Parcel ID #: _____ Block: _____ Lot: _____
Zoning District: _____ Requested Zoning: _____
Land Use: _____ Requested Land Use: _____
[] Historic District [] Non-Historic District FEMA Flood Zone: _____
Acreage/Square Footage of Property: _____

OFFICIAL USE ONLY

Current Zoning: _____ Current Land Use: _____
Requested Zoning: _____ Requested Land Use: _____
Historic or Cultural Site? _____ Traffic Circulation? _____
Located in a Wellfield Protection Zone? _____
Public Notice:
➤ Letters Sent _____
➤ Signs Posted _____
➤ Advertisements _____

STAFF NOTES/RECOMMENDATIONS:

Fee Schedule:

Re-Zoning Requests	\$2,000.00
Land Use Change Requests	\$2,000.00
Combination Re-Zoning/Land Use Change Requests	\$3,500.00

CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel numbers(s), and legal description(s) is(are) the true and proper identification of the area of this petition.

2. I/We authorize staff from the City of Apalachicola to enter the property in question during regular business hours in order to take photos which will be placed in the permanent file.

3. I/We understand that the application fee is due at the time of application submission, the payment is nonrefundable, and that payment does not guarantee a successful request.

4. I/We understand that the City Commission is the authority on all zoning and land use matters and will be the governing body on all re-zoning and land use change requests. The City Commission reserves the right to table a decision and request more information from the applicant.

5. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 30 business days to process. I further understand that an incomplete application submittal may cause my application to be deferred to the next available meeting date.

6. I/We understand that an agenda and staff report (if applicable) will be available on the City's website approximately one week before the City Commission meeting.

DATE

SIGNATURE OF APPLICANT

AFFIDAVIT

We/I, _____, being first duly sworn, depose and say that we/I am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of my/our knowledge and belief. We/I understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated or City printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner(s), we/I further authorize _____ to act as our/my representative in any matters regarding this Petition.

Signature of Property Owner

Signature of Property Owner

Typed or Printed Name of Owner

Typed or Printed Name of Owner

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Notary Seal)

NOTARY PUBLIC
Printed Name:
Commission Number:
Commission Expires: