



Office of Planning and Zoning

Rezoning Application

You have the option to request a Development Review Staff (DRS) meeting or written comments only. Please check which one you would prefer.

_____ DRS meeting requested _____ Written comments only

1. Project Address: _____

2. Applicant's name: _____

Mailing address: _____

E-Mail address: _____ Telephone number: _____

Status: Owner _____ Appointee _____ Agent _____ Purchaser _____ Engineer _____ Consultant _____

3. Owner's name: _____

Mailing address (complete) _____

E-Mail address: _____ Telephone number: _____

The property is generally located in the vicinity of the following streets: _____

Property legal description: Section _____ Township _____ Range _____

Alternate Key #(s) _____

4. Area of Property: _____ Acres _____ Sq. Ft.

5. Does property have or intend to provide:

Central water & sewer? Yes _____ No _____ If yes, utility provider documentation required.

Individual well and septic? Yes _____ No _____; or explain how services will be provided: _____

6. Existing zoning: _____ Proposed zoning: _____

If amendment, Planned Commercial District (CP) _____ or Planned Industrial District (MP) _____ or Planned Unit Development (PUD) _____ or Community Facilities District (CFD) _____ Existing ordinance # _____

Note: A site conceptual plan is required for CP, MP, PUD and CFD zonings and must be prepared as enumerated on page 7 of this application.

7. Future Land Use Category: _____

Wekiva River Protection Area: Yes _____ No _____

Green Swamp Area of Critical State Concern: Yes _____ No _____

Joint Planning Area: Yes _____ No _____

Interlocal Service Boundary Agreement: Yes _____ No _____

8. If the proposed zoning is Planned Unit Development (PUD), indicate type of use(s) requested:
Residential _____ Commercial _____ Industrial _____

THEN, refer to page 7 of this application for submittal requirements.

9. Any waivers or variances to the PUD ordinance requirements must be applied for at the time of rezoning request, including waivers to central utility connection requirements. These WAIVERS or VARIANCES must be attached and made a part of this application.

If additional room is needed to fully answer the following questions please use additional paper.

10. List number of existing structures on site and their present use, and the use of the property: _____

11. Proposed use(s) of the site (Add separate sheet, if necessary to fully describe the proposed use): _____

12. A statement describing any changed conditions that would justify the rezoning: _____

A statement describing why there is a need for the proposed rezoning: _____

A statement describing whether and how the proposed rezoning is consistent with the Lake County Comprehensive Plan: _____

A statement outlining the extent to which the proposed rezoning: _____

A. Is compatible with existing land uses: _____

B. Affects the capacities of public facilities and service: _____

C. Affects the natural environment: _____

D. Will result in an orderly and logical development pattern: _____

13. Affordable Housing Projects: Estimated value of structure(s) and land for each lot.
Structure(s): \$ _____ + Land \$ _____ = Total \$ _____

If the combined value is equal to or less than 80% of the median price of a home in the Orlando Metropolitan Statistical Area (MSA) and/or at least 30% of the dwellings in each phase are affordable; then the project qualifies for expedited review.

14. Is the proposed use permissible in requested zoning district?
YES _____ NO _____

PLANNER'S INITIALS: _____

- 15. Has any previous application been filed within the last year in connection with this property?
 YES _____ NO _____. If yes, describe briefly the nature of the request: _____

- 16. Please attach the exact legal description of the property being petitioned for this rezoning on a separate sheet as described on the warranty deed and provide copies of current deed.
- 17. Please attach a current property record card for the parcel. A property record card may be obtained from the Lake County Property Appraiser's office or website.

To be completed by Staff:

Date: _____ Verbal Pre-submittal Project# _____

Public Hearing #: _____ Project #: _____

Applicant Request #: _____

Existing Zoning: _____

Future Land Use Category: _____

Section: _____ Township: _____ Range: _____

Planning Area: _____

Utility Service Area: _____ Commission District: _____

Notes: _____

Staff Name: _____ Date: _____

OWNER'S AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared _____, who being by me first duly sworn on oath, deposed of and says:

- 1. That he/she is the fee-simple owner or corporate officer of the ownership entity of the property legally described on page 3 of this application.
- 2. That he/she desires rezoning from _____ to _____ for the property legally described on Page 3 of this Application. Permission is granted for staff to conduct a site visit for purposes of review of this rezoning application.
- 3. That he/she has appointed _____ to act as Agent to accomplish the above. The Owner is also required to complete the APPLICANT'S AFFIDAVIT of this Application if NO AGENT is appointed to act in his stead.

Affiant (Owner's Signature)

State of Florida
County of Lake

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____.

Personally Known OR Produced Identification
Type of Identification Produced _____

Notary Signature
(SEAL)

NOTE: All Applications shall be signed by the Owner(s) of the Property, or some person duly authorized by the Owner to sign. The authority authorizing such person other than the Owner to sign MUST be attached.

APPLICANT'S AFFIDAVIT

STATE OF FLORIDA
COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared _____, who being by me first duly sworn on oath, deposes and says:

- 1. That he/she affirms and certifies that they understand and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements and diagrams submitted herewith are true and accurate to the best of their knowledge and belief, and further, that this application and attachments shall become part of the Official Records of Lake County, Florida, and are Not Returnable.
- 2. That he/she desires rezoning from _____ to _____ for the property legally described on Page 3 of this application.
- 3. That the submittal requirements for the application, which are shown on Page 7, have been completed and attached hereto as part of this application.
- 4. That the sign cards which will be posted by the Growth Management Department on or before the first (1st) working day of the month in which the case will be considered for public hearing before the Planning and Zoning Board and the Board of County Commissioners, will remain posted until final determination has been made by the Board of County Commissioners, after which said signs are to be REMOVED AND DESTROYED BY THE APPLICANT.

Affiant (Applicant's Signature)

State of Florida
County of Lake

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____.

Personally Known OR Produced Identification
Type of Identification Produced _____

Notary Signature
(SEAL)

APPLICATION FILING FEES

Rezoning Fees (select one from A – H)

- A. Rezoning to AR, R1, R2, R3, R4, R7, & RP (ZFJ*) \$1,000.00 _____
- B. Rezoning to "A" Agriculture and "RA" Ranchette District (ZFM*) \$ 200.00 _____
- C. Rezoning to Commercial, Industrial, CFD RV or RMRP – (ZFK*) \$1,250.00 _____
- D. Rezoning to Planned Unit Development – (ZFN*) \$1,250.00 _____
- E. PUD (includes CFD, CP, & MP) Major Amendment to Development Plan – (PUDF*) \$ 550.00 _____
- F. PUD (includes CFD, CP, & MP) Non-Substantial Text Amendment – (PUDJ*) \$ 400.00 _____
- G. PUD Non-Substantial Amendment to Development Plan (20 lots or less) – (PUDK*) \$ 250.00 _____
- H. PUD Non-Substantial Amendment to Development Plan – (PUDM*) \$ 525.00 _____

All applications listed above are required to pay the Legal Advertising Fee and Notification Fee

Legal Advertising Fee: You will receive a bill for this fee.

Notification Fee (NFEE*) Total Properties _____ x .35 cents = \$ _____
\$.35 cents will be charged for all real property contiguous to and within 500 feet of the perimeter of the Applicant's property.

Fire Review

Fire Review Fee (FDF) (Optional) \$181.00 _____

Health Department

Zoning Map Amendment (HDZMA) \$ 75.00 _____

Office of Public Safety Support

Rezoning Review (PSSRZR) \$ 51.00 _____

Capacity Encumbrance Letter Review (OPTIONAL EXCEPT FOR PUDS)

Capacity Encumbrance Letter - No Alternate Data – not submitting traffic study
Public Works – Stormwater: \$ 30.00 (CELPWS)
Public Works – Transportation: \$450.00 (CELPWT)
Growth Mgmt Administration – Parks, SW: \$110.00 (CELADM) \$ 590.00 _____

Capacity Encumbrance Letter - Alternate Data – submitting traffic study (REQUIRED FOR PUDS)

Public Works – Stormwater: \$ 30.00 (CELPWSD)
Public Works – Transportation: \$915.00 (CELPWTD)
Growth Mgmt Administration – Parks, SW: \$110.00 (CELADM) \$1055.00 _____

Waiver – Central Water and/or Sewer Service – (WAV) \$ 250.00 _____

This fee will apply if the applicant is requesting a waiver.

Subtotal: \$ _____
A 2% service charge will apply if paying by credit card (of the total amount due) (CCARD) \$ _____
TOTAL: \$ _____

Public Hearing Applicant Initiated Postponement (ZFB) \$ 100.00 _____

If the rezoning is approved, you will be responsible for all fees associated with recording the ordinance into the public records of Lake County. A staff member will contact you when the ordinance is complete and the total fees for recording the document have been determined.

Make checks payable to: **LAKE COUNTY BOARD OF COUNTY COMMISSIONERS.** A 2% service charge will apply if paying by credit card.

REZONING SUBMITTAL GUIDE

The following required information shall be submitted with the rezoning application:

- _____ 1. General application form.
A completed application shall be signed by all owners, or their agent, and notarized. Signatures by agents will be accepted only with notarized proof of authorization by the owners. In a case of corporate ownership, the authorized signature shall be accompanied by a notation of the signatory's office in the corporation.

- _____ 2. Copy of the Tax Receipt or Property Record Card, **and** the latest recorded Warranty Deed showing the current fee-simple titleholders of the property. If the legal description shown on the Warranty Deed is not correct or does not close, you will be required to submit a Boundary Survey or Sketch of Description of the property proposed for rezoning, certified by a professional land surveyor. The legal description should appear on the face of the survey or sketch of description.

- _____ 3. Plot plan, for all non-residential rezonings, drawn to an appropriate scale, on a 22-1/2" x 27" reproducible sheet, showing the following information:

All planned districts (CP, MP, CFD, CUP and PUD) are required to have a conceptual master plan.
 - _____ a. Project name.
 - _____ b. North arrow, date and scale.
 - _____ c. Name, address and telephone number of the owner and applicant.
 - _____ d. Property lines and contiguous street(s).
 - _____ e. Location and dimensions, and square footage of building, of all existing and proposed structures, indicating their intended use, and setback distances from all property lines and roadways.
 - _____ f. Existing and proposed means of vehicular ingress and egress to the property.
 - _____ g. Location of off-street parking and loading areas, showing the number of spaces, and the dimensions of access aisles and driveways.
 - _____ h. Location of all buffers, screens, walls and fences, indicating their height and type of materials used.

- _____ 4. Utility availability and or non-availability letter for central water and/or sewer

- _____ 5. Application for Capacity Encumbrance Letter (optional)

- _____ 6. Any other information deemed necessary to establish compliance with this and other ordinances.

- _____ 7. Application Fees. Make checks payable to the **LAKE COUNTY BOARD OF COUNTY COMMISSIONERS**. **A 1% service charge will apply if paying by credit card.**