



City of Tallahassee APPLICATION FOR REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions the City of Tallahassee for the following amendment to the Official Zoning Map:

Change in Zoning District Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

From: _____

To: _____

Location: The property is designated by the following Leon County Property Tax identification number(s): _____

Project Name: _____ **Total Acreage:** _____

Legal Description: Attach a legal description of the property requested to be rezoned.

Disclaimer: Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code, Environmental Management Ordinance, and the Concurrency Management System Policy and Procedures Manual.*

An electronic version of this application and all supporting documentation shall be submitted via email in PDF format to beth.perrine@talgov.com. Once the application has been reviewed and deemed complete, staff will email the applicant/agent instructions on how to submit the application fee. Once the application fee is paid, staff will then email the sign posting information to the applicant/agent. The application is considered complete once the application fee and sign posting has been processed. The direct notice and advertising fee will be billed separately once these items are completed.

Submitted By:

Owner's Name(s):

Name: _____ Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Agent's Name(s):

Name: _____ Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Optionee's Name(s):

Name: _____ Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application.

Letter of Understanding

I _____ (print name) as the property owner or authorized property owner representative have read and understand the City of Tallahassee Application for Rezoning Review Information Packet and acknowledge submittal of a rezoning application from _____ (district) to _____ (district).

Property Owner/Authorized Representative

Signature _____ Date

Witness _____ Date

Witness _____ Date



TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT

APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT



I. Ownership.

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: _____

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Provide Names of General Partners:

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.) _____

IV. Acknowledgement.

Individual

Signature
Print
Name: _____
Address: _____

Phone No.: _____

Corporation

Print Corporation Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No.: _____

Partnership

Print Partnership Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No. : _____

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Signature of Notary

Print Name: _____
Notary Public

(NOTARY STAMP)

My commission expires:

Personally known _____; or
Produced identification _____.
Type of identification produced:
