



The Department of Planning, Zoning and Development
Petition for
Special Assessment/Service District

Prior to submitting this petition, you must set up and have a pre-application meeting.

Please attach additional sheets or plans as needed.

APPLICANT

OWNER

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-Mail Address: _____

E-Mail Address: _____

Contact Person: _____

Contact Person: _____

Applicant is: Owner Attorney for Owner Agent for Owner Contract Purchaser

Pre-Application Conference held on _____

If you are not the property owner, you must have the owner complete the Notarized Authorization of Owner form.

APPLICANT SIGNATURE: _____ DATE _____

APPLICANT SIGNATURE: _____ DATE _____

PROJECT INFORMATION

Project Name: _____

Address of parcel: _____

Parcel ID Number(s): _____

Size of parcel: _____

Future Land Use: _____ Existing zoning: _____

Existing Use of Property: _____

Utility: Private Septic/Well by _____ Central Sewer/Water by _____
 Other by _____



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STAFF USE ONLY

Planner's Comments/Notes: _____

Notifications Discussed

Date Submitted: _____ Taken By: _____ Time: _____ a.m. /p.m.

Violation(s): _____
PA Meeting Date: _____
EMD Required: YES NO
N/C Lot Letter Required: _____
Other: _____



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APPLICATION WILL NOT BE ACCEPTED UNLESS ALL OF THE FOLLOWING ARE ATTACHED:

INSTRUCTIONS FOR PETITION REGARDING SPECIAL ASSESSMENT/SERVICE DISTRICTS

Before submitting your Petition, please make certain that the following requirements have been fulfilled:

1. Signature of either 51% of the total land owners or owners of 51% of the total lands within the proposed district.
2. Attach a copy of the subdivision plat or a tax parcel map showing the proposed boundaries of the district.
3. Include the name, address, and telephone number of the person representing the property owners.
4. Please double-check that all the requested information has been supplied on the petition.

You may submit the petition to the Department of Planning, Zoning and Development, City of DeBary, 16 Colomba Rd., DeBary, FL 32713.

If you have any questions, please call (386) 668-2040.



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To: DeBary City Council

Whereas, the DeBary City Council, pursuant to County of Volusia and Restated Ordinance No. 94-19, may establish Special Assessment districts; or pursuant to County of Volusia Ordinance No. 79-3 may establish Special Service Districts.

The undersigned petitioners, being owners of property situated within the area hereinafter described, do hereby petition the DeBary City Council for the following:

PURPOSE: That a Special Assessment/Service District be created for the purpose of providing

(paved roads, drainage, water, sewer, streetlights, etc.)

PROPERTY BENEFITED: The Special Assessment District shall include ALL benefited properties within the fixed boundaries.

BOUNDARIES: The benefited area lying within the District shall be described as follows:

DESIGNATED INDIVIDUAL: The Official Representative of the Petitioners is:
List name, address and telephone.

SIGNATURES: Petitions must be a current property owner.
Signatures by husband and wife will count as one signature.
The tax parcel number(s) must appear next to each property owner's name.
Renters/leasers are not qualified to sign.

<u>Signatures</u>	<u>Print Name</u>	<u>Tax Parcel Number(s)</u>
_____	_____	_____
_____	_____	_____

