



The Department of Planning, Zoning and Development Basic Rezoning Application

A pre-application meeting is strongly encouraged before submitting your application.

Applications to the City of DeBary Planning & Zoning Commission and City Council shall include **all applicable items listed in the Application Submittal Checklist**. No application will be scheduled for Planning & Zoning Commission Review and consideration until a complete application (including all information requested below) has been received by the Planning, Zoning & Development Division.

APPLICANT

OWNER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

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

Pre-Application Conference held on _____

PROJECT INFORMATION

Project Name: _____
Address of parcel: _____
Parcel ID Number(s): _____
Size of parcel: _____
Existing zoning: _____
Existing Use of Property: _____
A **Rezoning** from/to: _____

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

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



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ALL SUBMITTALS MUST BE MADE IN PERSON AND FEES MUST BE PAID BEFORE APPLICATION WILL BE ACCEPTED BY 12:00 NOON ON FILING DEADLINE DATE.

IF THIS APPLICATION IS APPROVED, ALL OTHER CITY ORDINANCES SHALL BE COMPLIED WITH AND FEES PAID.

This request will have the first reading by the City Council on _____(mo/day/yr), the final reading and adoption hearing on _____(mo/day/yr), in the City Hall, 16 Colomba Road, DeBary, at 7:00 p.m.

APPLICANT'S RIGHTS FOR APPEAL ARE STATED IN SECTION 1-11 OF THE LAND DEVELOPMENT CODE, ORDINANCE NO. 01-99.

EX-PARTE CONTACTS MUST BE CONSISTENT WITH RESOLUTION 95-19.

Signature of Applicant: _____

Signature of Applicant: _____

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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NOTARIZED AUTHORIZATION OF OWNER

I/We, _____
(owners name)

as the sole or joint fee simple title holder(s) of the property described as: _____

(legal description or parcel number)

authorize _____ to act as my agent to seek rezoning on the above property
(applicants name)

My application will be heard at a public hearing on _____ (mo/day/yr) before the DeBary
City Council on _____ (mo/day/yr) unless continued or rescheduled at the public hearing.

OWNER'S SIGNATURE

OWNER'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(date)

by _____ who is personally
(name of person acknowledging)

known to me or who has produced _____ as
(type of identification)

identification and who did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA
Type or Print Name:

Commission No.

My Commission Expires



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REZONING PROCESS CHECKLIST

Information needed to complete the application includes:

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

- A DESCRIPTION OF THE REZONING REQUESTED.**
- Fee & Deposit if applicable _____, Check #_____** (All deposits & fees should be made payable to the City of DeBary **Please provide a breakdown of fees**) **
- 1 Signed and Notarized Development Reimbursement Form
- 1 Copy: A notarized authorization form from the owner or an attorney representing the owner.
- 1 Copy: **Pre-Application Meeting Form**
- 2 Sets: **Signed and sealed surveys** of the property (no more than 2 years old) prepared by a Florida Registered Land Surveyor.
- 2 Copies: **Traffic Study/Traffic Generation Rates**
- 2 Copy: **Concurrency**
- 2 Copies: **Legal description** (furnished on CD – Microsoft Word, if possible)
- 1 Copy: **Evidence of Unified Ownership**
- 1 **CD with all Supplemental materials MUST be submitted.**

NOTE: The parcel number can be obtained from any of the three (3) Volusia County Property Appraiser's offices: 123 W. Indiana Avenue, Deland; 250 North Beach Street, Daytona Beach; or 810-A Commed Blvd., Orange City.

Pursuant to the City of DeBary's Land Development Code Sec. 4-25. Development review procedures, Completeness of Application: the Land Development Manger shall review the application to determine its completeness. Within three working days after receipt, she shall either accept the application if it is complete and forward to the applicant a notice of acceptance, or reject the application if it is incomplete and forward to the applicant a notice of incompleteness specifying the data missing from the application received.

** If deposit required, please submit the Contract for Payment of Deposits and Invoices with application

I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. PD Final Site Plan/PD Final Site Plan Amendment may not defer.



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NOTICE TO ADJOINING PROPERTY OWNERS

Dear _____:

This is to inform you that I have filed an application for a Rezoning, Case Number _____, for a Public Hearing with the City of DeBary. This Hearing will be held on _____, _____ (mo/day/yr), commencing at _____ a.m./p.m. This application will be heard in the DeBary City Hall, 16 Colomba Road DeBary, FL 32713, commencing at _____ a.m./p.m., or as soon thereafter as the matter may be heard.

I am requesting this Public Hearing for the purpose of rezoning:

from the _____
zoning classification(s)
to the _____
zoning classification(s)

All interested parties may appear at these hearings to hear this request.

The legal description of my property is as follows:

The size of the property is _____ square feet/acres.

Size of Parcel(s) is +/- _____ sf/acres.

This property is located on the _____ side of _____ approximately _____ miles N, S, E, W from the intersection of _____ with _____ road near _____ in the City of DeBary.

Address of Property: _____

Appeals and Rehearing and Administrative Res Judicata are stated in the Zoning Ordinance.

If any person decides to appeal any decision made by the City Council with respect to any matter considered at this meeting, he/she will need a record of the proceedings, and for such purpose, he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (Florida Statutes §286.0105).

Individuals with disabilities needing assistance to participate in any of these proceedings should contact the City Clerk three (3) working days in advance of the meeting date and time at (386) 668-2040.

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



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AFFIDAVIT OF COMPLIANCE WITH PUBLIC NOTICE
REQUIREMENTS OF ZONING ORDINANCE OF
CITY OF DEBARY, FLORIDA

I, _____ the undersigned hereby certify that I have mailed by Certified Mail, at least ten (10) days prior to the date of the public hearing, as required by the City of DeBary Zoning Ordinance, to the following named property owners whose property adjoins [including across any street(s)] and which is not owned or leased by the applicant and/or owner, that property which is the subject of an application, for a public hearing pursuant to the Zoning Ordinance of City of DeBary, Florida, a notice containing the time, date, and purpose of the public hearing and the legal description of the subject property, said notice being on a form supplied by the City of DeBary Building and Zoning Division. CERTIFIED MAIL RECEIPTS AND A COPY OF THAT LETTER ARE ATTACHED. Further, I have erected, or caused to be erected, at least ten (10) days prior to the date of the public hearing, as required by the City of DeBary Zoning Ordinance, the Public Hearing Notice Poster also supplied by the City of DeBary. Said poster is to remain in place until after the public hearing(s) have been held and will be removed after final action. Said poster was erected on _____ mo/day/yr), in view of and accessible to the traveling public.

NOTE: City of DeBary Zoning Ordinance prohibits posters mounted on trees or utility poles.

The names and addresses of the following adjoining property owners were obtained from the Volusia County Property Appraiser's Office on _____ mo/day/yr).

THIS COMPLETED FORM, ONE COPY OF THE CERTIFIED LETTER, AND THE CERTIFIED RECEIPTS MUST BE RECEIVED BY THIS OFFICE ONE WEEK PRIOR TO THE HEARING.

Table with 3 columns: Name, Tax Parcel # (12 digits), Certified Mail Receipt Number. The table contains 15 empty rows for data entry.

