



**CITY OF DEBARY
THE DEPARTMENT OF PLANNING, ZONING & DEVELOPMENT
REZONING/ PLANNED UNIT DEVELOPMENT
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 and Development Services Department.

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 _____

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: _____
 A **Rezoning** from /to _____
 A **Minor Amendment to a PUD** _____
 A **Major Amendment to a PUD** _____



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**ALL SUBMITTALS MUST BE MADE IN PERSON AND FEES MUST BE PAID BEFORE
APPLICATION WILL BE ACCEPTED**

* * * * *

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

**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: _____



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NOTARIZED AUTHORIZATION OF OWNER

I/We, _____
(owner's 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
(applicant's name)
to seek _____ on the above property.
(i.e., special exception, rezoning, variance, etc.)

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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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.

