



The Department of Planning, Zoning and Development Special Exception Application

Prior to submitting an application for a special exception, you must set up a pre-application meeting by completing and submitting the pre-application meeting request form. Special Exception Applications require review by city staff, the Planning and Zoning Commission and final review and approval or disapproval by City Council. Please attach additional sheets or plans as needed.

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 Special Exception/
Conditional Use for a** _____

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

- Fee, Check # (All deposits & fees should be made payable to the City of DeBary Please provide a breakdown of fees)
Signed and Notarized Development Reimbursement Form (Pass Through Agreement) if applicable
Copy: A notarized authorization form from the owner or an attorney representing the owner.
Sets: Signed and sealed surveys of the property (no more than 2 years old) prepared by a Florida Registered Land Surveyor.
Copy: Pre-Application Meeting Form
Copy: Non-Conforming lot letter if applicable.
Copy: Legal description (furnished on CD - Microsoft Word, if possible)
Copy: Site Plan to scale
Copy: Copy of Deed(s)
Written Description of Request
CD with all Supplemental materials MUST be submitted.

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.

STAFF USE ONLY

Planner's Comments/Notes:

Date Submitted: Taken By: Time: a.m. /p.m.
Notifications Discussed

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, _____ (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 x 317.

