

NOTICE TO ADJOINING PROPERTY OWNERS

| Dear Property Owner: | | | |
|---|---------------------------------------|------------------------|-------|
| This is to inform you that I, | | have file | ed an |
| application for a | | · | |
| The project application is Case Number: | | | - |
| I,will ho | ost a Community Meeting for the | aforementioned project | |
| on,, | 20 at | PM and located | |
| at DeBary City Hall, 16 Colomba Road I | DeBary, FL 32713. | | |
| I,will ho | old a Public Hearing with the City | y of DeBary. | |
| This Hearing will be held on, | · · · · · · · · · · · · · · · · · · · | 20 at | _PM |
| and located at DeBary City Hall, 16 Colo | omba Road DeBary, FL 32713. | | |
| I am requesting this Public Hearing for the | 1 1 | | |
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CITY of DeBary

| The legal description of my property is | as follows: | | | |
|--|------------------|---------|----------|-----------------|
| The address of the property is: | | | | |
| The Short Parcel ID of the property is _ | | | | |
| Size of Parcel(s) is +/- | | | | _sf/ acres. |
| This property is located on the | | side of | | |
| Approximately | miles | | from the | intersection of |
| | with | | | roads |
| and near | in the City of D | DeBary. | | |

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) 601-0219.

If you have any questions about this application, please call (386) 601-0201.

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





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

| l, | the undersigned hereby certify that I |
|---|--|
| have mailed by Certified Mail, at least ten (10) days p | rior to the date of the public hearing, as required by |
| the City of DeBary Zoning Ordinance, to the followin | g named property owners and all HOA boards |
| whose property is within a 1,000ft. radius of said p | roject and/or adjoins [including across any |
| street(s)] and which is not owned or leased by the app | licant and/or owner. That property which is the |
| subject of an application, for a public hearing pursuan | t to the Zoning Ordinance of City of DeBary, |
| Florida, a notice containing the time, date, and purpos | · · · · · · · · · · · · · · · · · · · |
| the subject property, said notice being on a form supp | |
| Development Divison. Certified Mail receipts and a co | • • • |
| erected, or caused to be erected, at least ten (10) days | |
| by the City of DeBary Zoning Ordinance, the Public I | 1 0, 1 |
| DeBary. Said poster is to remain in place until after th | |
| * * | 1 0,7 |
| removed after finmal action. Said poster was erected of | |
| (mo/day/yr), 1 | n view of and accessible to the traveling public. |
| The names and addresses of the following adjoining proper | ety owners were obtained from the Volucie County |
| Property Appraiser's Office on | |
| Troperty Appraiser's Office on | <u>(</u> Into/day/y1). |
| NOTE: City of DeBary Zoning Ordinance prohibits pos | sters mounted on trees or utility poles. |
| THIS COMPLETED FORM, ONE COPY OF THE CERT | TETED I ETTED A MAD OF THE DDODEDTIES |
| RECEIVING CERTIFIED MAILINGS AND THE CERT | |
| CITY OF DEBARY AT LEAST ONE WEEK PRIOR TO | |
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| Signature | Printed Name |
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| STATE OF | |
| COUNTY OF | |
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| The foregoing instrument was acknowledged before me this | day of, 20, by |
| | and who is personally known to me or who has produced |
| as ic | lentification. |
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| Notary Stamp | Signature, Notary Public |

| 1. | Name | , , | Certified Mail Receipt Number |
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| | | acknowledged before me this and as ider | day of, 20, by d who is personally known to me or who has productification. |
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| | Notary St | amp | Signature, Notary Public |