



APPLICATION FOR REZONING

APPLICATION NO.: _____

DATE FILED: _____

APPLICATION FEE: \$1000.00

(plus hourly Attorney, Consulting, and Engineering fees reimbursed as billed.)

Attach a complete, legible copy of the legal description of the property.

Attach a complete list of all property owners and mailing addresses as recorded in the latest ad valorem tax records for all property within three hundred (300) feet of the subject property (available from the Baker County Property Appraiser)

Within ten (10) days after receipt of an application, the Building Official shall determine whether the information is complete or incomplete and inform the Developer in writing of any deficiencies, if any. If the application is deemed incomplete, the Developer may submit the required information within ten (10) working days without payment of an additional application fee. If more than ten (10) working days elapse, the Developer must thereafter initiate a new application and pay a new application fee.

Limitations on rezoning

- a. No ordinance to rezone shall contain conditions, limitations, or requirements not applicable to all other land in the zoning district to which the particular land is rezoned.
- b. No ordinance to rezone land that would be inconsistent with the Comprehensive Plan shall be adopted.

1. Applicant's name: _____

2. Applicant's address: _____

3. Applicant's daytime phone number: () - Fax number: () -

4. Name and address of the owner as shown in the public records of Baker County:

5. Complete property address: _____

6. Between streets : _____ and _____

7. Property Appraiser's real estate number(s): _____

8. Lot _____ Block _____ Subdivision _____

9. Existing zoning district classification: _____

10. Existing property use(s): _____

11. Land area (acres): _____

12. Zoning district classification requested: _____

13. Reasons why such change in zoning classification should be made: _____

The Applicant, at his cost, shall post a sign on the premises involved in this application. The sign(s) shall contain the date and time of the Board of Adjustment public hearing, the application number, a concise description of the variance request, and the phone number to City Hall where all questions should be directed. The sign(s) shall be posted within five (5) days after submitting the application. The sign(s) shall not be less than eighteen (18) inches in height and twenty-four (24) inches in width. The sign(s) shall be posted on the property at



intervals of not more than 200 feet along all public streets. The sign(s) shall be plainly visible, unobstructed and legible from the street. The sign(s) shall be removed within ten (10) days after final action on the application by the Board of Adjustment.

14. Applicant is (check one): ___ Owner ___ Agent

15. **APPLICATION CERTIFICATION:** I, hereby, certify that I am the owner or the authorized agent of the owner(s) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made part of this application, are accurate and true to the best of my knowledge and belief. I also attest by my signature that all required information for this application is completed and duly attached in the prescribed order. Furthermore, if the package is found to be lacking the requirements listed above, I understand that the application will be returned for correct information.

_____	_____
Signature of Applicant	Date

STATE OF FLORIDA
 COUNTY OF _____

Sworn and subscribed before me this ___ day of _____, 20__.

Signature of Notary	Print, Type or Stamp Commissioned
Personally Known _____ or produced identification _____	
Type of Identification Produced: _____	

17. OWNER AUTHORIZATION FORM: Authorization of owner(s) if "Agent" is checked on Item 12.

I hereby authorize _____ to represent myself/us on my/our behalf. In authorizing the agent, the owner(s) attest that the application is made in good faith and that any information by the owner(s) is accurate and complete.

_____	_____
Signature of Owner(s)	Date

STATE OF FLORIDA
 COUNTY OF _____

Sworn and subscribed before me this ___ day of _____, 20__.

Signature of Notary	Print, Type or Stamp Commissioned
Personally Known _____ or produced identification _____	
Type of Identification Produced: _____	