



Change of Zoning Application

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| Staff Use Only APPLICATION NUMBER: Z - _____ - _____ |
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Please complete the application to the best of your knowledge, and submit the completed form and any required materials to the City of DeLand Planning Department, Room 103, 120 South Florida Avenue, DeLand.

(For change of zoning to Planned Development, please use separate Planned Development application.)

REQUESTED ACTION: *(check one)* ZONING MAP CHANGE:

TEXT AMENDMENT TO LAND DEVELOPMENT REGULATIONS:

REQUESTED ZONING DESIGNATION: _____

SUPPORTING STATEMENT: *(Describe reason for requested zoning change. Attach separate sheet if necessary)*

PROPERTY INFORMATION:

SHORT PARCEL ID (12 DIGITS): _____

ADDRESS OF PROPERTY: _____

CROSS STREETS: _____ AND _____

SIZE OF EXISTING PARCEL: _____ SQ. FT./ACRES *(circle one)*

LEGAL DESCRIPTION *(attach separate sheet if necessary):* _____

CURRENT ZONING: _____ FUTURE LAND USE: _____

SURROUNDING LAND USE & ZONING DESIGNATIONS:

| | LAND USE | ZONING |
|--------------|----------|--------|
| NORTH | | |
| SOUTH | | |
| EAST | | |
| WEST | | |

| <u>APPLICANT/AGENT:</u> | |
|--------------------------------|------|
| NAME: | |
| COMPANY: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | |
| TELEPHONE: | FAX: |
| EMAIL: | |

| <u>OWNER (IF DIFFERENT FROM APPLICANT):</u> | |
|--|------|
| NAME: | |
| COMPANY: | |
| ADDRESS: | |
| CITY, STATE, ZIP: | |
| TELEPHONE: | FAX: |
| EMAIL: | |

SIGNATURE OF APPLICANT: _____

SIGNATURE OF OWNER (IF DIFFERENT): _____

**Please attach a notarized Authorization of Owner and/or notarized power of attorney, if applicant is different from owner.*

**If owner of the property is a corporation or company, a corporate resolution must be submitted with the application. An original resolution currently on file in the Planning Dept. that is less than 1 year old may be used. The resolution must state the name of the person(s) who have been resolved by the company as having authority to execute documents on behalf of the company. It must 1) be current; 2) state a termination date; 3) be signed and certified by the secretary; 4) be embossed with the corporate seal; and 5) be an original document.*

**For every person doing business under a fictitious name, an Affidavit of Publication must be submitted.*

THE FOLLOWING MUST BE SUBMITTED AT THE TIME OF APPLICATION:

- Two (2)** current (*no older than 2 years*) signed and sealed surveys of the subject property
- Legal Description of the subject property, including acreage
- Typed mailing labels of adjacent property owners within a 300-ft. radius of the subject property*
- Authorization of owner, power of attorney, and/or affidavit of publication, if required (see above section).

- Check made payable to the City of DeLand in the amount of:
 - Zoning Map Change - \$1,000.00 plus \$20.00 per acre
 - Text Amendment - \$750.00 (plus cost of individual notices, if required)

* Applicant must provide the City with typed mailing labels of property owners' names and address for parcels within 300 ft. of the subject property. The Volusia County Property Appraiser's office (123 W. Indiana Ave., DeLand, (386) 736-5901) can provide the information necessary to compile this list, for a fee.

NOTE: The application will be reviewed by the Planning Board and City Commission. The Planning Board meets the 3rd Wednesday of the month at 5:00 pm in the City Commission Chambers, 120 S. Florida Ave. The City Commission meets the 3rd Monday of the month at 7:00 pm in the City Commission Chambers. Deadline for submittal is attached. Applications are due at noon on the dates listed. Incomplete applications will not be accepted.

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|--|------------------------|
| Staff Use Only | |
| Complete Application Received By & Date: | _____ |
| Incomplete Application Received By & Date: | _____ |
| (missing items): | _____ |
| Scheduled Application Closing Date: | _____ |
| Scheduled Planning Board Meeting Date: | _____ |
| Scheduled City Commission Meeting Date: | _____ |
| Payment Received: Check Amount: \$ | _____ Date Paid: _____ |

SAMPLE OF CORPORATE RESOLUTION

Accepted by the City of DeLand Planning Department

RESOLUTION OF BOARD OF DIRECTORS

(Place Name of Corporation Here)

Resolved, That (name of person) is hereby appointed President of the Corporation with the power to make all purchases, contracts, contributions, acts, decisions, proceedings, elections, and deeds and any other papers that need to be signed, on behalf of this Corporation, in his/her own name and in the name of the Corporation, (name of Corporation), Inc.

I, (name of person), do hereby certify that I am the duly elected and qualified (title) and the keeper of the records and corporate seal of (name of Corporation), Inc., a corporation organized and existing under the laws of the State of Florida, and that the above is a true and correct copy of a resolution fully adopted at a meeting of the Board of Directors thereof, convened and held in accordance with the laws and Bylaws of said Corporation on (date), and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, I have affixed my name as (title) and have caused the corporate seal of said Corporation to be hereunto affixed the (date).

Name and Title

SAMPLE OF NOTARIZED AUTHORIZATION OF OWNER

Accepted by the City of DeLand Planning Department

I/We, _____,

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

authorize _____ (Name of applicant) to act as my agent to seek a _____ (e.g. Special Exception, Change of Zoning, etc.) for the above-referenced property.

My application will be heard at a public hearing on _____ (mo/day/yr) before the Technical Review Committee, before the Planning Board on _____ (mo/day/yr), and before the City Commission on _____ (mo/day/yr), unless continued or otherwise rescheduled.

OWNER'S SIGNATURE

OWNER'S SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (Date) by

_____, (Name of person acknowledging) who is personally known to me or who has produced _____ (Type of ID) as identification and who did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA

Type or Print Name:

Commission No.:

My Commission Expires: _____