



APPLICATION FOR ZONING DISTRICT AMENDMENT

(Please type or print clearly in blue or black ink)

To be completed by City Staff:

Application No. ZDA-_____

Date Submitted: _____

Section 1. APPLICANT / PROPERTY OWNER(S) / AGENT INFORMATION:

Name of Property Owner(s) _____

Residence Address _____

City, State, Zip _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____ Fax No. _____

Email Address _____

Name of Agent, if any _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____ Fax No. _____

Email Address _____

Section 2. PROPERTY INFORMATION:

Physical Address of Property _____

or, if not available, provide a general location (Example: NW corner of "A" and "B" Streets)

Legal Description of Property: Lot: _____ Block: _____ PB/PG: _____

Subdivision: _____

or TOWNSHIP: _____ RANGE: _____ SECTION: _____ PARCEL #: _____

Parcel ID No. (assigned by Brevard County): _____

Section 3. CURRENT ZONING CLASSIFICATION:

Identify the current Zoning Classification established by the City of Rockledge. If the current classification is established by Brevard County, identify that designation, along with any special classification with specified conditions or conditional use, and provide a Brevard County Zoning Map and copy of appropriate section of Brevard County Zoning Code.

Section 4. REQUESTED ZONING CLASSIFICATION (e.g. P1 Professional).

Section 5. PLANNING DISTRICT AND LAND USE CATEGORY.

Identify the Planning District in which this property is located and describe how this request is compatible with the land use shown on the Future Land Use Map (FLUM).

Section 6. SIGNATURES OF OWNERS AND/OR AGENTS:

Sign Name (Property Owner): _____

Print Name (Property Owner): _____

Sign Name (Property Owner): _____

Print Name (Property Owner): _____

Sign Name (Agent): _____

Print Name (Agent): _____

Section 7. ATTACHMENTS AND EXHIBITS..

The following documents must be included when submitting the application package:

As to Section 1.

- A copy of the recorded deed or other legal instrument indicating proof of ownership
- If an agent is listed, a notarized letter or statement of authorization from the property owner(s) authorizing the agent to represent the owner(s) in connection with this application, OR a recorded Power of Attorney, Personal Representative Deed, Trustee Agreement, etc., in the agent's name.

As to Section 2.

- Legal description of the property. If described in metes and bounds, provide the description in hard copy and electronic format (Microsoft Word is preferred).
- Brevard County Property Appraiser's Map reflecting the boundaries of the subject property and indicating properties within a five hundred foot (500') radius of the subject property. The map must be scaled at 1"=200'.
 - A list of the names and addresses of all property owners within the 500' radius of the subject property. The list must correlate numerically with the map.
 - Mailing labels containing the names and addresses of those property owners within the 500' radius of the subject property, as in the previous item.

As to Application.

- Completed Development Fact Sheet provided with the Application Form
- A check in the amount of \$500.00 payable to the City of Rockledge. This amount represents the filing fee associated with the request, and includes the cost of legal advertising, document recording, etc. In the event that the costs exceed the fee amount, the applicant will be responsible to pay the difference.

DEVELOPMENT FACT SHEET

APPLICANT / OWNER NAME: _____

ZDA Application Number assigned by City Staff: _____

Section 1. PROPERTY INFORMATION.

Physical Address of Property _____
or, if not available, provide a general location (e.g., NW corner of "A" and "B" Streets)

Size of Property in Acreage _____

Section 2. REQUESTED ZONING CLASSIFICATION (e.g., P1 Professional)

Section 3. CURRENT ZONING AND LAND USE DESIGNATIONS.

<u>ZONING:</u>	<u>LAND USE</u> (shown on Future Land Use Map)
Subject Site _____	Subject Site _____
North _____	North _____
South _____	South _____
East _____	East _____
West _____	West _____

Section 4. NATURAL FEATURES.

Soil _____
Topography _____
Vegetation _____
Flood Hazard _____
Drainage _____

Section 5. ENVIRONMENTAL QUALITY.

Water _____
Air _____
Noise _____
Historical/Archaeological _____

Section 6. ATTACHMENTS/EXHIBITS TO DEVELOPMENT FACT SHEET.

To be determined by City Staff

NOTICES TO APPLICANT

- Your application will not be processed unless it is complete and all attachments and exhibits are included.
- Once it has been determined that your application is complete, processing will begin and the required public hearing(s) will be scheduled for the first available opportunity.
- Please be aware that you, as applicant, owner, agent, or as an interested party, are prohibited from contacting individually any of the members of the Planning Commission either by telephone, in person, or in writing (including electronic mail).
- You will have the opportunity to provide input in open forum during the scheduled public hearing(s).
- All public hearings are conducted in accordance with the State of Florida Open Meetings Laws / Government in the Sunshine.