



CITY OF PLANT CITY
Rezoning Application
 Planning and Zoning Division
 302 W Reynolds Street, 2nd Floor, Plant City FL 33563
 P O Box C, Plant City, FL 33564
 (813) 659-4200 ext. 4125 (813) 659-4206 fax
 e-mail: planning@plantcitygov.com

REZONING FEE:\$ _____ RECEIPT # _____ DATE RECEIVED/BY: _____ CASE # _____
 Advertising Fee is at cost and paid at time of Advertising in the newspaper-Prior to the City Commission public hearing.

PLEASE PRINT OR TYPE. ALL INFORMATION MUST BE COMPLETED & FURNISHED PRIOR TO ACCEPTANCE.

PHYSICAL LOCATION: _____

FOLIO NUMBER: _____ ATTACH A SURVEY (CONTAINING THE LEGAL DESCRIPTION)

LAND USE PLAN CLASSIFICATION: _____ ACREAGE: _____

EXISTING ZONING: _____ PROPOSED ZONING: _____

REASON/PROPOSED USE FOR THIS REQUEST: _____

The following must be provided:

- A) Survey, and a separate copy of the legal description in digital format (Microsoft Word)
- B) Certification of ownership (copy of a tax receipt or deed)
- C) General location map
- D) Site development plan - 5 paper copies, (if required for proposed district or use) ***ALL PAPERS OVER 8.5"x11" MUST BE FOLDED TO APPRX. 8.5"x11"***; and one digital copy in .pdf file format.
- E) List of property owners* within 250' (excluding rights-of-way) and their mailing addresses and legal descriptions or folio#
 - **PETITIONER IS REQUIRED TO NOTIFY PROPERTY OWNERS, BY CERTIFICATE OF MAILING****
 - **PETITIONER MUST HAVE NOTIFICATION LETTER APPROVED BY STAFF BEFORE MAILING**
 - **PETITIONER SHALL MAIL NOTICES AT LEAST 15 DAYS PRIOR TO MEETING DATE**

*Property owners, and their mailing addresses, can be researched on the Internet at the Property Appraiser's Website:

<http://propmap2.hcpaf1.org/>

**Copy or Proof of Certificate of Mailing notifying adjacent property owners must be in our office 15 days prior to the meeting.

PETITIONER: _____ OWNER:(if different) _____

ADDRESS: _____ ADDRESS: _____

CITY/ST/ZIP: _____ CITY/ST/ZIP: _____

PHONE & FAX: _____ PHONE & FAX: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

The above information, together with all attachments and other statements and information provided for the subject application, are to the best of my knowledge true, correct, and complete. The advertising fees will be paid as noted above.

SIGNATURE: _____ SIGNATURE: _____

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

 Notary Public - STATE OF FLORIDA
 My Commission expires: _____

 Notary Public - STATE OF FLORIDA
 My Commission expires: _____

(seal)

(seal)

Rezoning Application

SPEAKING LIMITATIONS: At the public hearing, the applicant (including their agents and representatives), the City (including staff and consultants) and any other governmental agency (including staff and consultants) shall each be allowed _____ minutes. The Chair of the Planning Board (“Chair”) shall determine the time allowed for all Party-Intervenors (including their agents and representatives). All other speakers shall be limited to three (3) minutes. In the event speaker(s) request additional time the determination of the amount of time to be allowed shall be at the discretion of the Chair.

If any person wishes to be a Party-Intervenor, the person shall request the Chair to intervene at least 7 days prior to the public hearing and include with the request: (a) a detailed outline of their interest in the application and argument in favor or against it; and (b) the amount of time required for the Party-intervenor’s presentation, and the justification for the time required. Notwithstanding, upon proper showing, the Chair shall have the discretion, even without a prior request, to grant Party-Intervenor status at the public hearing.

VERBATIM TRANSCRIPT MAY BE REQUIRED TO APPEAL: Any person deciding to appeal any decision made by the Planning Board, with respect to any matter considered at such meeting, will need a record of that proceeding, and for such purpose, may need to ensure that a verbatim record be made which record includes the testimony and evidence upon which the appeal is to be made.

SPECIAL ACCOMMODATIONS: In accordance with the Americans with Disabilities Act (ADA), any person with a disability requiring reasonable accommodation in order to participate in this meeting should call City Hall at (813) 659-4200 ext. 4237 at least 48 hours prior to the meeting.

OFFICE USE ONLY

THE FOLLOWING ITEMS HAVE BEEN RECEIVED AND ARE ACCEPTABLE WITH THIS REQUEST:

A)____ B)____ C)____ D)____ E)____ BY/DATE:_____

NOTICE

TO: Name
 Address
 City, State, Zip code

FROM: Name or Company Name
 Address
 City, State, Zip code

DATE: Date of mailing notice

SUBJECT: Rezone Request - (Case Number)

You are being notified as a property owner within 250' to the property located at (address), Plant City, Florida.

The City of Plant City Planning Board will hear a request to re-zone the property described as follows:

(Legal description AND/OR ADDRESS) -- Lots 7 through 12, inclusive, in Block 1 of John Doe Subdivision, as recorded in Plat Book 10, Page 9 of the Public Records of Hillsborough County, Florida.)

[include a legible map with the area to be rezoned shown as crosshatched or shaded]

The rezoning request is to change the subject property from _____ to _____.
Please provide as much info as possible such as "R-1A (single-family residential) to C-1A (commercial)"

The public hearing will take place as follows:

Date & Time: Thursday, Month 00, 2014 at 8:00 AM
 Location: City Hall Auditorium (1st floor)
 302 W Reynolds St, Plant City, Florida

Your concerns are welcome to be expressed at this time. If you have any questions you may call the applicant at _____ between the hours of _____ and _____; or you may call the City of Plant City Planning and Zoning Division at (813) 659-4200 ext. 4125, Mon-Fri, between the hours of 8 am and 5 pm.

Please contact the Planning & Zoning Division at (813) 659-4200 ext. 4125 to confirm this item on the agenda if you plan to attend the meeting. Si necesita este aviso traducido en español, llama a Mara Latorre a (813) 659-4200 x 4125.

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