

**LAND USE DESIGNATION AMENDMENT (LUDA) APPLICATION FORM
INDIAN RIVER COUNTY**

Planning Division accepts Land Use Designation Amendment applications only during the months of January, April, July and October of each year. Each application must be complete when submitted and must include all required attachments. An incomplete application will not be processed and will be returned to the applicant.

Assigned Project Number: LUDA - _____

	Current Owner	Applicant (Contract Purchaser)	Agent
Name:			
Complete Mailing Address:			
Phone # (including area code)			
Fax # (including area code)			
E-Mail:			
Contact Person:			

Signature of Owner or Agent: _____

Property Information

Site Address: _____

Site Tax Parcel I.D. #s: _____

	Property #1	Property #2		Property #1	Property #2
Existing Land Use Designation:			Existing Zoning District:		
Requested Land Use Designation:			Requested Zoning District:		
Total (gross) Acreage of Parcel:			Acreage (net) to be Amended:		
Existing Use on Site:					
Proposed Use on Site:					

APPLICANT(S) MUST ATTEND A PRE-APPLICATION CONFERENCE WITH LONG-RANGE PLANNING SECTION STAFF PRIOR TO APPLYING.

LAND USE DESIGNATION AMENDMENT APPLICATION CHECKLIST

Please attach the following items to this application. Do not ignore any of the items. Indicate “N/A” if an item is not applicable.

1. Fee:	<u>Property Size</u>	<u>LUDA Only:</u>	<u>LUDA and Rezoning</u>
	- Less than 5 Acres	\$3,000.00	\$3,800.00
	- 5 to 40 Acres	\$3,800.00	\$4,100.00
	- 41 to 100 Acres	\$4,000.00	\$4,400.00
	- More than 100 Acres	\$4,000.00*	\$4,500.00**

* \$200.00 for each additional 25 acres over 100 acres

** \$150.00 for each additional 25 acres over 100 acres

	<u>YES</u>	<u>NO</u>
2. Completed this Application Form	_____	_____
3. Completed Rezoning Application Form (if applicable)	_____	_____
4. Letter of Authorization from Current Owner(s) OR Current Owner is Applicant	_____	_____
5. Verified statement (separate letter) naming every individual or entity having legal or equitable ownership in the property.	_____	_____
6. One (1) Copy of the Owner’s Deed	_____	_____
7. A Current Owner’s Title Policy OR A Certificate of Title from a Title Company OR An attorney’s written opinion evidencing fee ownership of the property.	_____	_____
8. One (1) SEALED boundary survey of the area to be amended. The boundary survey shall include, but not be limited to the following:	_____	_____
<input type="checkbox"/> a legal description of the land proposed for redesignation;		
<input type="checkbox"/> the size of the land proposed for redesignation;		
<input type="checkbox"/> the public road right-of-way width of adjacent roads; and		
<input type="checkbox"/> a north arrow		
9. Copy of Approved Concurrency Certificate OR Copy of filed application for Concurrency Certificate, including traffic study, if applicable	_____	_____
10. Written statement discussing the following:	_____	_____
<input type="checkbox"/> The proposed amendment’s consistency with the goals, objectives, and policies of the comprehensive plan;		
<input type="checkbox"/> The proposed amendment’s impact on public facilities and services		
<input type="checkbox"/> The proposed amendment’s environmental impacts; and		
<input type="checkbox"/> The proposed amendment’s compatibility with surrounding areas.		

NOTE: ITEMS 2-7 MUST INDICATE THE SAME OWNERSHIP OF THE SUBJECT PROPERTY.

**Indian River County
Future Land Use Map Amendment/Rezoning
Authorization Form**

TO: Planning Division
Indian River County
1801 27th Street
Vero Beach, FL 32960

FROM: _____

(Property Owner Name and Address) _____

Property Tax I.D. #: _____

Property Address: _____

The undersigned is hereby authorized _____ to act as agent and/or make application to Indian River County for the above referenced property for the following applications (please mark the appropriate box):

- Future Land Use Amendment
- Rezoning

Owners Name (Print)

Date

Owners Signature