

**REZONING REQUEST (RZON) APPLICATION FORM
INDIAN RIVER COUNTY**

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: RZON - _____

	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: _____

Subdivision Name, Unit Number, Block and Lot Number (if applicable) _____

Existing Zoning District: _____

Existing 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.

THE APPLICANT MUST ATTEND A PRE-APPLICATION CONFERENCE WITH LONG-RANGE PLANNING SECTION STAFF PRIOR TO APPLYING IN ORDER TO RESOLVE OR AVOID PROBLEMS CONNECTED WITH THE REZONING REQUEST.

REZONING 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:

Property Size

- Less than 5 Acres	\$1,550.00
- 5 to 40 Acres	\$2,000.00
- 41 to 100 Acres	\$2,300.00
- More than 100 Acres	\$2,500.00*

*** \$125.00 for each additional 25 acres over 100 acres**

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

NOTE: ITEMS 2-6 MUST INDICATE THE SAME OWNERSHIP OF THE SUBJECT PROPERTY.

F:\Community Development\FORMS\forms\Rezoning Application Form.doc

**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