

**APPLICATION FORM
REZONING REQUEST (RZON)
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: _____			
<u>Property Information</u>			
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 Rezoned:	
Existing Use on Site:			
Proposed Use on Site:			

THE APPLICANT IS STRONGLY ENCOURAGED TO 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.

ITEMS	Applicant's Checklist	Staff Checklist
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		
2. Completed Rezoning Application Form (front page)		
3. Letter of Authorization from Current Owner(s) OR 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 current Owner's Deed		
6. 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.		
7. One (1) SEALED 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. Electronic version (MS Word is preferable) of the legal description		
9. Copy of Approved Concurrency Certificate OR 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.

Revised: January 10, 2008

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**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) _____

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

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REZONING FLOW CHART

