



City of Crescent City
3 NORTH SUMMIT STREET
CRESCENT CITY, FLORIDA 32112-2599

City Hall: (386) 698-2525
 Police: (386) 698-1211
 Fire: (386) 698-1212
 Gas Dept: (386) 698-1486
 Water Dept: (386) 698-2525
 FAX: (386) 698-3467

APPLICATION ATTACHED FOR:

_____ REZONING (except PUD) \$ 350.00
 _____ Rezoning to PUD \$ 1,500.00
 + PLUS
 _____ Public Advertising Fee (\$58.00)

TWELVE COPIES (12) OF THE FOLLOWING ITEMS MUST BE PROVIDED TO THIS OFFICE THIRTY (30) DAYS IN ADVANCE OF THE MEETING THE REQUEST IS TO BE HEARD. ALL ITEMS MUST BE TURNED IN BEFORE THE CASE MAY BE SCHEDULED.

1. COMPLETED APPLICATION FORM
2. COPY OF THE RECORDED DEED TO THE PROPERTY INVOLVED IN REQUEST. IF APPLICANT IS NOT OWNER, A NOTORIZED LETTER OF AUTHORIZATION FROM OWNER MUST BE INCLUDED
3. CERTIFIED TITLE OPINION FROM A LICENSED TITLE COMPANY NOT OLDER THAT THIRTY (30) DAYS.
4. CONSENT AND JOINDER FROM ALL PARTIES HAVING INTEREST IN PROPERTY AS LISTED IN TITLE OPINION.
5. A "PLOT PLAN" SHOWING ALL EXISTING AND PROPOSED STRUCTURES OR IMPROVEMENTS.
6. FOR REZONING ONLY – LEGAL DESCRIPTION OF PROPERTY IN THE REQUEST IF LESS THAN A COMPLETE PARCEL.
7. ALL RESIDENTIAL REZONINGS REQUIRE A SCHOOL CAPACITY ANALYSIS PREPARED BY THE APPLICANT. PLEASE CONTACT PUTNAM COUNTY SCHOOLS AT (386) 329-0646 FOR CAPACITY INFORMATION AND CALCULATION METHODOLOGY.
8. APPLICATION FEE (LISTED ABOVE).

DISCLAIMER: Issuing of this Permit does not release the applicant from obtaining all other necessary Permits.

Revised 4-1-08

CASE NO. _____
DATE FILED _____

APPLICATION FOR THE REZONING OF LAND
CRESCENT CITY, FLORIDA

TO: CRESCENT CITY PLANNING and ZONING COMMISSION

The undersigned hereby applies for rezoning of land as follows:

1. Legal description of land for which rezoning is required:

Lot _____, Block _____
Section or Unit _____ Subdivision _____
Map Book No _____ Page _____
Other Description _____

(USE ADDITIONAL SHEETS IF NECESSARY)

2. Driving Directions: _____

3. The name and address(es) of the owner(s) as shown in the Public Records of Crescent City

Telephone Number (_____) _____

4. Current zoning district classification _____

5. Zoning district classification requested _____

6. The parcel for which rezoning is sought is currently the location of and/or is used as follows

7. The reason a rezoning is being sought and reasons or supporting data as to why such change should be made: _____

8. Total area of parcel (in acres) or part thereof to be rezoned is: _____

9. Street frontage and average minimum width of parcel sought to be rezoned is
Length _____ Width _____

10. Has any application been submitted for rezoning of any portion of the parcel included in this application within the past two years? _____
If so, give details of such application and final disposition. _____

11. If an application is to be withdrawn, it must be submitted in writing prior to 48 hours before the hearing to the Planning and Zoning Commissioners, or a like rezoning application cannot occur within one year from the date of the withdrawal.

12. This application is submitted by:
Signature of Owner _____
Signature of Agent _____
Address _____
Phone Number (_____) _____
Date _____

STATE OF FLORIDA
COUNTY OF PUTNAM
CITY OF CRESCENT CITY

Before me this day appeared _____ who executed the foregoing application and acknowledged to and before me that _____ executed said instrument for the purpose therein expressed.

WITNESS my hand and official seal, this _____ day of _____, A.D. 20_____.

Notary Public
State of Florida

My Commission Expires: _____
_____ Personal Known to me
_____ Produced as Identification _____