

**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).

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 \_\_\_\_\_