

Rezoning - (ZR) Petition
Title Certificate Will be Required as Proof of Ownership

Please type or print the following information:

Petitioner: _____ Phone: _____

Address: _____

Email Address: _____

Petitioner's Relation to Subject Property:

Legal Description of Subject Property:

Present Zoning: _____ Requested Zoning: _____

(NOTE: if more than one zoning classification is requested, attach complete legal description for each zoning classification requested.)

Reasons and justification for requested zoning:

- ☐ Please provide two (2) 11"x17" sets of site plan of subject property
- ☐ CD containing digital copies of all documents in PDF file

FOR USE WHEN PETITIONER IS OWNER OF SUBJECT PROPERTY

This is to certify that I am the owner in fee simple of the property described in this Rezoning Petition. This further certifies that I have read this Petition, and the statements contained herein are true and correct to the best of my knowledge.

Signature of Owner

Owner's Name (Print or Type)

Address (Street, City)

Phone Number

Sworn to and subscribed before me, by means of ☐ physical presence or ☐ online notarization this ____
Day of _____, 20____.

My Commission Expires: _____

Notary Public, State of Florida _____

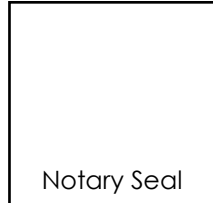
____ Personally, known to me, or

____ Produced identification

Type of identification: _____

____ DID take an oath, or

____ DID NOT take an oath



Date _____

FOR USE WHEN PETITIONER IS NOT OWNER OF SUBJECT PROPERTY

This is to certify that I am the owner of subject lands described above in this Rezoning Petition and that I have authorized _____ to act as agent for owner for the purpose of this Petition. This further certifies that I have read this Petition, and the statements contained herein are true and correct to the best of my knowledge.

Signature of Owner

Owner's Name (Print or Type)

Address (Street, City) Phone Number

=====

Sworn to And Subscribed Before Me, By Means of ☐ Physical Presence or
☐ Online Notarization this ____ Day of _____, 20____.

Notary Public, State Of Florida

My Commission Expires: _____

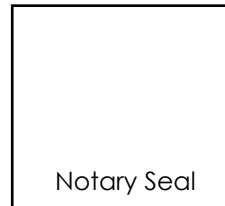
____ Personally, known to me, or

____ Produced identification

Type of identification: _____

____ DID take an oath, or

____ DID NOT take an oath



Date _____

TO BE COMPLETED BY COMMUNITY DEVELOPMENT DIVISION

Accepted By: _____

Section: _____

Number: _____

Date Accepted: _____

Petition #: _____

FEE: \$3,222.06 Plus recordation fee, property owner notification and legal advertising costs to be determined by City Clerk (954) 344-1065.