



City of Tallahassee APPLICATION FOR PUD or U-PUD REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions the City of Tallahassee for the following amendment to the Official Zoning Map changing the zoning designation:

From:				
To:	<input type="checkbox"/> PUD		<input type="checkbox"/> UPUD	
Type:	<input type="checkbox"/> Residential Concept Plan	<input type="checkbox"/> Non-Residential Concept Plan	<input type="checkbox"/> Mixed Use Development Concept Plan	<input type="checkbox"/> Density or Concept Revisions
Project Name:				
Parcel Number:				
Total Project Acreage:		Total Number of Dwelling Units:		
Legal Description:	Attach a legal description of the property requested to be rezoned.			

Disclaimer: Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code*, *Environmental Management Ordinance*, and the *Concurrency Management System Policy and Procedures Manual*.

* **UPUD applications:** Please note that a complete site plan must be submitted as part of a UPUD application. A complete site plan must be submitted to the Growth Management Department and a receipt issued. The receipt must then be submitted to the Planning Department with the UPUD application.

Note: An electronic version of this application and all supporting documentation shall be submitted on a CD, DVD or USB flash drive. Also, an original signed copy of the complete application and supporting documentation shall be submitted to the Planning Department. The required file format for all text documents is Microsoft Word or Adobe Acrobat PDF and the required format for all maps and drawings is either Adobe Acrobat PDF or TIFF.

	<u>FEE</u>	To be completed by applicant – enter appropriate amount
Submittal Review Fees: <i>(payable to the City of Tallahassee)</i>		
1. Residential Concept Plan <i>(maximum fee: \$3,500)</i>	\$1500	
plus \$2.00 per dwelling unit	<i>varies</i>	
2. Nonresidential Concept Plan	\$1500	
plus \$10.00 per acre	<i>varies</i>	
3. Mixed Use Developments <i>(maximum fee: \$3,500)</i>	\$1500	
plus \$2.00 per dwelling unit	<i>varies</i>	
plus \$10.00 per nonresidential acre	<i>varies</i>	
4. Final Plan Review (PUD/U-PUD). This amount is due to the Growth Management Dept. at the time of final site plan submittal, which can be submitted concurrently with the PUD/U-PUD application, or alternatively, can be submitted after PUD/U-PUD approval. Please contact the City Growth Management Dept. at 891-7100 for more information.	--	--
5. Density or Concept Revisions to an existing PUD/U-PUD Concept Plan	\$1200	
6. Other Minor Revisions to an existing PUD/U-PUD Concept Plan	\$400	
7. Direct Notice and Legal Advertising <i>(Required for all applications; to be invoiced later. Payment required prior to Planning Commission Meeting.)</i>	Actual Cost	--
To Be Completed by Applicant - ENTER TOTAL AMOUNT SUBMITTED →		

Submitted By:

Owner's Name(s):

Name: _____ Phone: _____

E-Mail: _____ Fax: _____

Street: _____

City: _____ ST: ____ Zip+4: _____

Agent's Name(s):

Name: _____ Phone: _____

E-Mail: _____ Fax: _____

Street: _____

City: _____ ST: ____ Zip+4: _____

Optionee's Name(s):

Name: _____ Phone: _____

E-Mail: _____ Fax: _____

Street: _____

City: _____ ST: ____ Zip+4: _____

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application. (attach additional sheets, if necessary).

Binding Commitment by the Applicant

I _____ (print name) as the property owner or authorized property owner representative have read and understand the City of Tallahassee Application for Rezoning Review Information Packet and acknowledge submittal of a rezoning application from _____ (district) to _____ (district).

_____ Signature _____ Date
Property Owner/Authorized Representative

_____ Witness _____ Date

_____ Witness _____ Date



TALLAHASSEE - LEON COUNTY
PLANNING DEPARTMENT



APPLICANT'S AFFIDAVIT OF
OWNERSHIP & DESIGNATION OF
AGENT

I. Ownership.

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: _____

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Provide Names of General Partners:

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.
- B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.) _____

IV. Acknowledgement.

Individual

Signature
Print
Name: _____
Address: _____

Phone No.: _____

Corporation

Print Corporation Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No.: _____

Partnership

Print Partnership Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No. : _____

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Signature of Notary

Print Name: _____
Notary Public

(NOTARY STAMP)

My commission expires:

Personally known _____; or
Produced identification _____.
Type of identification produced:
