



# City of Tallahassee APPLICATION FOR 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:

**Change in Zoning District** Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Location:** The property is designated by the following Leon County Property Tax identification number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Name:** \_\_\_\_\_ **Total Acreage:** \_\_\_\_\_

**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.*

**Note:** An electronic version of this application and all supporting documentation shall be submitted on a CD or DVD. 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, WordPerfect or Adobe Acrobat PDF.

The required file format for all maps and drawings is either Adobe Acrobat PDF or TIFF.

**Submitted By:**

Owner's Name(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_ Zip+4: \_\_\_\_\_

Agent's Name(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_ Zip+4: \_\_\_\_\_

Optionee's Name(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ 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.

## Letter of Understanding

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.

Personally known \_\_\_\_\_; or  
Produced identification \_\_\_\_\_.  
Type of identification produced:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary  
Print Name: \_\_\_\_\_  
Notary Public

(NOTARY STAMP)

My commission expires: