Leon County
APPLICATION FOR
REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions Leon County 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):
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

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.

NOTE:  In accordance with Leon County Policy 02-08, beginning January 1, 2003, all paid lobbyists intending to engage in any lobbying activities before the Leon County Board of County Commissioners on behalf of any person or entity must register with the Clerk of Court, Finance Department by filing a completed Leon County Lobbyist Registration form and paying an annual registration fee of $25.
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.
Letter of Understanding

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

_______________________________ Signature  ________________Date
Property Owner/Authorized Representative

_______________________________ Witness  ________________Date

_______________________________ Witness  ________________Date
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:

<table>
<thead>
<tr>
<th>Individual</th>
<th>Corporation</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide Names of Officers:</td>
<td>Provide Names of General Partners:</td>
<td></td>
</tr>
<tr>
<td>___________________________________________</td>
<td>___________________________________________</td>
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<td>___________________________________________</td>
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<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Corporation</th>
<th>Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Corporation Name</td>
<td>By:</td>
<td>Print Corporation Name</td>
</tr>
<tr>
<td>Print Name:</td>
<td>Signature</td>
<td>Print Name:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Its:</td>
</tr>
<tr>
<td>Phone No.:</td>
<td></td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td>Phone No.:</td>
<td></td>
</tr>
</tbody>
</table>

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 ________________, 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 ________________, a ________________, 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: