



Baker County
Planning & Zoning Department

81 N. Third Street
 Macclenny, FL 32063
 Phone (904) 259-3354
 Fax (904) 259-5057

APPLICATION FOR ZONING CHANGE

Application # _____ Date of Application _____

PROPERTY OWNER(S)	Name(s):			
	Mailing Address:			
	City:	State:	Zip:	
	Telephone Number:		Fax #:	
	E-mail Address:			

APPLICANT/AGENT	Name(s):			
	Mailing Address:			
	City:	State:	Zip:	
	Telephone Number:		Fax #:	
	E-mail Address:			

PROPERTY DESCRIPTION	Property Address			
	Property Location(s) (briefly describe, do not use "see attached legal description")			
	Acreage			
	Parcel # (tax ID #)			
	BCC District #			

OFFICIAL USE ONLY

LOCAL PLANNING AGENCY ACTION:

Signature of Chairperson _____
 Date of action: _____

APPROVED _____
 * APPROVED WITH CONDITIONS _____
 DENIED _____

*Approved with conditions, see attached.

BOARD OF COMMISSIONERS ACTION:

Signature of Chairperson _____
 Date of action: _____

APPROVED _____
 * APPROVED WITH CONDITIONS _____
 DENIED _____

*Approved with conditions, see attached.

I. REZONING INFORMATION

This application is a request for: (check all that apply)

_____ **Rezoning**

_____ Less than 10 acres

_____ Greater than 10 acres

_____ Planned Unit Development (PUD)

A. Rezoning:

Current Zoning: _____

Requested Zoning: _____

Reason/Justification for Rezoning:

B. Future Land Use Map (FLUM) amendment:

Current Future Land Use(s): _____

Current Use of Property: _____

II. REQUIRED ATTACHMENTS:

A. All applications (zoning and land use amendments)

_____ Legal Description: An accurate legal description of the specific property being requested for zoning or land use change. The legal description may be either lot and block or metes and bounds. A copy of the legal description must be provided in both digital (MS Word) and print format.

_____ Property Ownership Affidavit: Notarized letter(s) of the property owner's consent to amend the future land use/rezone the subject property(ies).

_____ Copy of property owner's recorded Warranty Deed.

_____ Agent Authorization (if applicable): Notarized letter(s) designating an agent to act on behalf of the property owner(s).

_____ Boundary survey of the site.

_____ Application fee(s), advertising fee(s) and other fees, as required.

_____ Other supporting data required by staff: _____

B. Rezoning (greater than 10 acres)

Applications for large scale rezoning must include the attachments required by Section A, as well as the following additional attachment:

- _____ A site plan, at an appropriate scale, illustrating:
 - _____ General location of the site, abutting streets and utilities;
 - _____ Conceptual location and identification of all uses;
 - _____ Vehicular and pedestrian circulation diagram, including access points, width of existing street pavement and the type of street;
 - _____ Topographic map at an appropriate scale showing existing contour lines, including all existing buildings, wooded areas, and unique natural features;
 - _____ Location of habitat of rare, endangered or special concern plant and animal species, if any; and location of any wellfields on the property or within 200 feet of the property boundary;
 - _____ Location of any high aquifer recharge areas;
 - _____ Location of flood plain within the property, approximate location of wetlands, environmentally sensitive line and proposed setbacks.

- _____ Topographic map at an appropriate scale showing existing contour lines, including all existing buildings, wooded areas, and unique natural features;
- _____ Location of habitat of rare, endangered or special concern plant and animal species, if any; and location of any wellfields on the property or within 200 feet of the property boundary;
- _____ Location of any high aquifer recharge areas;
- _____ Location of flood plain within the property, approximate location of wetlands, environmentally sensitive line and proposed setbacks.

III. APPLICATION CERTIFICATION

I, hereby, certify that I am the owner (or the authorized agent of the owner(s)) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made a part of this application, are accurate and true to the best of my knowledge and belief.

Signature of Owner(s) (or Applicant/Agent
if Agent Authorization form attached)

(Date)

NOTES:

- Applications cannot be processed until all fees are paid.
- Application fees and other required fees will not be refunded if an application is denied by the Local Planning Agency and/or Board of Commissioners.
- Owner/applicant is responsible for all legal advertisement fees for required advertising, in addition to application fees and other applicable fees.
- In accordance with Baker County Land Development Regulations (LDR) § 10.02.08, a property owner shall not initiate land use and/or zoning actions affecting the same parcel of land, **more often than once every six months** from the date of initiation of the previous action.
- Pursuant to § 286.0105 of Florida Statutes, if a person decides to appeal any decision made by the Local Planning Agency or County Commission, with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. According to the Americans with Disabilities Act, persons needing a special accommodation or an interpreter to participate in a public hearing should contact the Administration Department at (904) 259-3613, at least 48 hours prior to the time of the hearing.

PROPERTY OWNERSHIP AFFIDAVIT

Date: _____

Baker County
Planning and Zoning Department
360 E Shuey Avenue
Macclenny, FL 32063

PROPERTY DESCRIPTION:

Parcel ID: _____ Lot #: _____

Street Address: _____

I, _____
Property Owner (Please Print) Property Owner (Please Print)

hereby certify that I am the owner of the above referenced property also described in the attached legal description in connection with filing application(s) for _____ submitted to the Baker County Planning and Zoning Department.

(Owner Signature) (Owner Signature)

STATE OF FLORIDA
COUNTY OF _____

The foregoing affidavit was sworn and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Notary Signature)

AGENT AUTHORIZATION

Date: _____

Baker County
Planning and Zoning Department
360 E Shuey Avenue
Macclenny, Florida 32063

PROPERTY DESCRIPTION:

Parcel ID: _____ Lot Number: _____

Street Address: _____

Property Owner: _____
(Please Print)

Property Owner: _____
(Please Print)

The undersigned, registered property owner(s) of the above noted property, do hereby authorize

_____, of _____
(Name of firm)

to act as agent to file application(s) for the above referenced property and in connection with such authorization to file such applications, papers, documents, requests and other matters necessary for such requested change.

(Owner Signature)

(Owner Signature)

STATE OF FLORIDA
COUNTY OF _____

The foregoing affidavit was sworn and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

(Notary Signature)

Fee for Rezoning

Baker County Planning and Zoning Department

Application Fee	\$150.00
Advertising Fee	\$365.00
• Newspaper Ad (2 Publications LPA & BCC)	
• Property Signage	
• Property Owner notices	
(Minimum 15 notices, additional fee may be required)	
Recording Fee	\$18.50
Acreage Fee (\$20 per acre) <input type="text"/> X \$20 = (<i>Applicant to complete</i>)	<input type="text"/>
Total	<hr/> \$

Owner Name:

Tax ID #:

Project:

Paid: Cash _____, Check _____, Date _____, Receipt # _____

PERMITS WILL NOT BE ISSUED UNTIL ALL FEES ARE PAID

**TECHNICAL FEES FOR THE FOLLOWING BUT NOT LIMITED TO THEM
MAY HAVE EXTRA CHARGES.**

1. Attorney Option
2. State Surveyor Opinion
3. Engineer Opinion
4. Assistance from Northeast Regional Council
5. Mapping Assistance