



CITY OF DEBARY REZONING/ PLANNED UNIT DEVELOPMENT APPLICATION

You must set up a pre-application meeting **before** submitting your application.

The following background information is required to schedule a pre-application meeting. The City of DeBary will use this to research the project site in preparation for the meeting. Although this is the minimal amount of background material required, more information is welcome. Please reference the list of Required/Recommended Pre-Application Materials. Please attach additional sheets or plans as needed.

APPLICANT

OWNER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

Applicant is: Owner Attorney for Owner Agent for Owner Contract Purchaser

 Pre-Application Conference held on _____

If you are not the property owner, you must have the owner complete the Notarized Authorization of Owner form.

APPLICANT SIGNATURE: _____ **DATE** _____

APPLICANT SIGNATURE: _____ **DATE** _____

PROJECT INFORMATION

Project Name: _____
Address of parcel: _____
Parcel ID Number(s): _____
Size of parcel: _____
Future Land Use: _____ Existing zoning: _____
Existing Use of Property: _____
 A **Rezoning** from /to _____
 A **Minor Amendment to a PUD** _____
 A **Major Amendment to a PUD** _____

Utility: Private Septic/Well by _____ Central Sewer/Water by _____
 Other by _____



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APPLICATION WILL NOT BE ACCEPTED UNLESS ALL OF THE FOLLOWING ARE ATTACHED:

- Fee _____, Check # _____ (Please provide a breakdown of fees)
- 1 Signed and Notarized Development Reimbursement Form
- 1 Copy: Application fee. All deposits & fees should be made payable to the City of DeBary.
- 1 Copy: A notarized authorization form from the owner or an attorney representing the owner.
- 2 Sets: **Signed and sealed surveys** of the property (no more than 2 years old) prepared by a Florida Registered Land Surveyor.
- 1 Copy: Pre-Application Meeting Form
- 1 Copy: Non-Conforming lot letter if applicable.
- 2 Copy: **Legal description** (furnished on CD – Microsoft Word, if possible)
- 1 Copy: Site Plan to scale
- 1 Copy: Copy of Deed(s)
- 1 Written Description of Request
- 10 Copies: **Proposed Written Development Agreement** (Ordinance format).
- 10 Copies: **Preliminary Plan**
- 1 Copy: **Evidence of Unified Ownership**
- 1 **CD with all Supplemental materials MUST be submitted.**

STAFF USE ONLY

Planner's Comments/Notes: _____

Notifications Discussed

Date Submitted: _____ Taken By: _____ Time: _____ a.m. /p.m.

Violation(s): _____
PA Meeting Date: _____
EMD Required: YES NO
N/C Lot Letter Required: _____
Other: _____



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APPLICATION**

**ALL SUBMITTALS MUST BE MADE IN PERSON AND FEES MUST BE PAID BEFORE
APPLICATION WILL BE ACCEPTED BY 12:00 NOON ON FILING DEADLINE DATE**

* * * * *

IF THIS APPLICATION IS APPROVED, ALL OTHER CITY ORDINANCES SHALL BE COMPLIED WITH AND FEES PAID.

This request will have the first reading by the City Council on _____(mo/day/yr), the final reading and adoption hearing on _____(mo/day/yr), in the City Hall, 16 Colomba Road, DeBary, at 7:00 p.m.

APPLICANT'S RIGHTS FOR APPEAL ARE STATED IN SECTION 1-11 OF THE LAND DEVELOPMENT CODE, ORDINANCE NO. 01-99.

EX-PARTE CONTACTS MUST BE CONSISTENT WITH RESOLUTION 95-19.

Signature of Applicant: _____

Signature of Applicant: _____



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NOTARIZED AUTHORIZATION OF OWNER

I/We, _____
(owners name)

as the sole or joint fee simple title holder(s) of the property described as: _____

(legal description or parcel number)

authorize _____ to act as my agent
(applicants name)

to seek _____ on the above property.
(i.e., special exception, rezoning, variance, etc.)

My application will be heard at a public hearing on _____ (mo/day/yr) before the DeBary
City Council on _____ (mo/day/yr) unless continued or rescheduled at the public hearing.

OWNER'S SIGNATURE

OWNER'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(date)

by _____ who is personally
(name of person acknowledging)

known to me or who has produced _____ as
(type of identification)

identification and who did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA
Type or Print Name:

Commission No.

My Commission Expires



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REZONING PROCESS CHECKLIST

Information needed to complete the application includes:

- A description of the rezoning requested.**
- The property owner's name, address, email address, and telephone number.
- If the owner is not the applicant, the applicant's name, address, email address and telephone number.
- Information on utilities.
- General location of the site.
- The tax parcel number and address of parcel.

NOTE: THE PARCEL NUMBER CAN BE OBTAINED FROM ANY OF THE THREE (3) VOLUSIA COUNTY PROPERTY APPRAISER'S OFFICES: 123 W. INDIANA AVENUE, DELAND; 250 NORTH BEACH STREET, DAYTONA BEACH; OR 810-A COMMED BLVD., ORANGE CITY.

ADDITIONAL REQUIREMENTS - CHECKLIST

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- 1 Copy: A notarized authorization form from the owner or an attorney representing the owner.
- 1 Copy: **Pre-Application Meeting Form**
- 2 Sets: **Signed and sealed surveys** of the property (no more than 2 years old) prepared by a Florida Registered Land Surveyor.
- 2 Copy: **Legal description** (furnished on CD – Microsoft Word, if possible)
- 10 Copies: **Proposed Written Development Agreement** (Ordinance format).
- 10 Copies: **Preliminary Plan**
- 1 Copy: **Evidence of Unified Ownership**
- 1 **CD with all Supplemental materials MUST be submitted.**

APPLICATION DEADLINE

The deadline to submit applications to the Department of Planning, Zoning & Development is 12:00 noon, forty-five (45) days prior to the DeBary City Council meeting.

The Department of Planning, Zoning & Development has three (3) working days from the date you submit your application to determine if it is complete and correct. If your application is found to be lacking any of the requested information, or if the data and exhibits are inaccurate, it will not be considered "filed" for the purpose of processing, nor will it be placed on the City Council agenda unless a correct application is submitted within three (3) working days after the filing deadline date.



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NOTICE TO ADJOINING PROPERTY OWNERS

Dear _____:

This is to inform you that I have filed an application for a Rezoning, Case Number _____, for a Public Hearing with the City of DeBary. This Hearing will be held on _____, _____ (mo/day/yr), commencing at _____ a.m./p.m. This application will be heard in the DeBary City Hall, 16 Colomba Road DeBary, FL 32713, commencing at _____ a.m./p.m., or as soon thereafter as the matter may be heard.

I am requesting this Public Hearing for the purpose of rezoning:

from the _____ zoning classification(s)
to the _____ zoning classification(s)

All interested parties may appear at these hearings to hear this request.

The legal description of my property is as follows:

The size of the property is _____ square feet/acres.

Size of Parcel(s) is +/- _____ sf/acres.

This property is located on the _____ side of _____ approximately _____ miles N, S, E, W from the intersection of _____ with _____ road near _____ in the City of DeBary.

Address of Property: _____

Appeals and Rehearing and Administrative Res Judicata are stated in the Zoning Ordinance.

If any person decides to appeal any decision made by the City Council with respect to any matter considered at this meeting, he/she will need a record of the proceedings, and for such purpose, he/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 (Florida Statutes §286.0105).

Individuals with disabilities needing assistance to participate in any of these proceedings should contact the City Clerk three (3) working days in advance of the meeting date and time at (386) 668-2040.

If you have any questions about this application, please call (386) 668-2040.

