



# The Department of Planning, Zoning and Development Rezoning 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 \_\_\_\_\_

### PROJECT INFORMATION

Project Name: \_\_\_\_\_  
Address of parcel: \_\_\_\_\_  
Parcel ID Number(s): \_\_\_\_\_  
Size of parcel: \_\_\_\_\_  
Existing zoning: \_\_\_\_\_  
Existing Use of Property: \_\_\_\_\_  
A **Rezoning** from/to: \_\_\_\_\_

Utility:     Private Septic/Well by \_\_\_\_\_  Central Sewer/Water by \_\_\_\_\_  
 Other by \_\_\_\_\_

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



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**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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**STAFF USE ONLY**  
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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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**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 to seek rezoning on the above property  
(applicants name)

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:

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

- A DESCRIPTION OF THE REZONING REQUESTED.**
- Fee \_\_\_\_\_, Check # \_\_\_\_\_** (All deposits & fees should be made payable to the City of DeBary **Please provide a breakdown of fees**)
- 1 Signed and Notarized Development Reimbursement Form
- 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)
- 8 Copies: **Proposed Written Development Agreement** (Ordinance format).
- 8 Copies: **Preliminary Plan**
- 1 Copy: **Evidence of Unified Ownership**
- 1 **CD with all Supplemental materials MUST be submitted.**

**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.**

### 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.

Pursuant to the City of DeBary's Land Development Code Sec. 4-25. Development review procedures, Completeness of Application: the Land Development Manger shall review the application to determine its completeness. Within three working days after receipt, she shall either accept the application if it is complete and forward to the applicant a notice of acceptance, or reject the application if it is incomplete and forward to the applicant a notice of incompleteness specifying the data missing from the application received.



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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.





## The Department of Planning, Zoning and Development Rezoning Application

Name	Tax Parcel # (12 digits)	Certified Mail Receipt Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional pages if necessary)

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 \_\_\_\_\_

MAILING ADDRESS: