



**The Department of Planning, Zoning and Development  
Petition for Special  
Assessment/Service District**

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

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

Other by \_\_\_\_\_



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

**INSTRUCTIONS FOR PETITION REGARDING SPECIAL ASSESSMENT/SERVICE DISTRICTS**

Before submitting your Petition, please make certain that the following requirements have been fulfilled:

1. Signature of either 51% of the total land owners or owners of 51% of the total lands within the proposed district.
2. Attach a copy of the subdivision plat or a tax parcel map showing the proposed boundaries of the district.
3. Include the name, address, and telephone number of the person representing the property owners.
4. Please double-check that all the requested information has been supplied on the petition.

You may submit the petition to the Department of Planning, Zoning and Development , City of DeBary, 16 Colomba Rd., DeBary, FL 32713.

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



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To: DeBary City Council

Whereas, the DeBary City Council, pursuant to County of Volusia and Restated Ordinance No. 94-19, may establish Special Assessment districts; or pursuant to County of Volusia Ordinance No. 79-3 may establish Special Service Districts.

The undersigned petitioners, being owners of property situated within the area hereinafter described, do hereby petition the DeBary City Council for the following:

**PURPOSE:** That a Special Assessment/Service District be created for the purpose of providing  
\_\_\_\_\_  
(paved roads, drainage, water, sewer, streetlights, etc.)

**PROPERTY BENEFITED:** The Special Assessment District shall include ALL benefited properties within the fixed boundaries.

**BOUNDARIES:** The benefited area lying within the District shall be described as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESIGNATED INDIVIDUAL:** The Official Representative of the Petitioners is:  
List name, address and telephone.

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES:** Petitions must be a current property owner.  
Signatures by husband and wife will count as one signature.  
The tax parcel number(s) must appear next to each property owner's name.  
Renters/leasers are not qualified to sign.

| <u>Signatures</u> | <u>Print Name</u> | <u>Tax Parcel Number(s)</u> |
|-------------------|-------------------|-----------------------------|
| _____             | _____             | _____                       |
| _____             | _____             | _____                       |

