



# The Department of Planning, Zoning and Development Special Exception 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 **Special Exception/**  
**Conditional** Use for a \_\_\_\_\_

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

- 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.
- 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
- 1 **CD with all Supplemental materials MUST be submitted.**

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.**

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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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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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**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.



