

FOR OFFICE USE ONLY	
P Z File #	
Application Fee:	
Filing Date:Acceptance Date:	_
Review Date: SRDT P & Z CC	_

# **PUD** Rezoning Application

A. PRO	• .	.		
1.				
2.	•			
3.				
4.				
5.				
6.	Existing Zoning Designation	on:		
7.	Proposed Zoning Designat	tion:		
8.				
D 400				
<b>B. APP</b> 1.	LICANT Applicant's Status	□Owner (title holder)	□Agent	
2.	Name of Applicant(s) or Co	ontact Person(s):	Title:	
	Company (if applicable):			
	Mailing address:			
	City:	State:	ZIP:	
	Telephone: ()	FAX: ()	e-mail:	
3.	If the applicant is agent for	the property owner*		
	Name of Owner (titleholder	r):):		
	Mailing address:			
	City:	State:	ZIP:	
	Telephone: ()	FAX: ()	e-mail:	
* 1.4.	ust provide executed Prepart	y Owner Affidevit authorizing the ea	gent to act on behalf of the property owner.	
	DITIONAL INFORMATION	y Owner Amdavit additionizing the ac	ent to act on benail of the property owner.	
		ontact for sale of, or options to purc	hase, the subject property?	
	•	ames of all parties involved:		
	, , , , , , , , , , , , , , , , , , ,	,		
	If yes, is the contract/opt ☐Contingent	tion contingent or absolute?	□Absolute	

#### D. ATTACHMENTS

- Statement of proposed change, including a map showing the proposed zoning change and zoning designations on surrounding properties
- 2. A current aerial map (Maybe obtained from the Clay County Property Appraiser.)
- 3. Plat of the property (Maybe obtained from the Clay County Property Appraiser.)
- 4. Legal description with tax parcel number.
- 5. Boundary survey
- 6. Warranty Deed or the other proof of ownership
- 7. Site Plan
- 8. Written Description
- 9. Binding Letter
- 10. Fee.
  - a. \$2,000 plus \$20 per acre
  - b. All applications are subject 10% administrative fee and must pay the cost of postage, signs, advertisements and the fee for any outside consultants.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

<u>All 10 attachments are required for a complete application.</u> A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our

Signature of Co-applicant
Typed or printed name of co-applicant
Date
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o me, or who has/have produced
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# **PUD Written Description**

#### NAME OF PUD

#### I. PROJECT DESCRIPTION

#### DESCRIBE PROJECT

Number of acres, location of site, existing use, surrounding uses, types of businesses, proposed uses

# **II. USES AND RESTRICTIONS**

- A. Permitted Uses
- B. Uses by Special Exception
- C. Accessory Structures
  D. Restrictions on Uses

# **III. DESIGN GUIDELINES**

# A. Lot Requirements

- a. Minimum lot areab. Minimum lot width

- c. Maximum lot would
  c. Maximum lot coverage
  d. Minimum front yard
  e. Minimum side yard
  f. Minimum rear yard
  g. Maximum height of structures

# B. Ingress, Egress and Circulation

- a. Parking Requirements
- b. Vehicular Access
- c. Pedestrian Access
- C. Signs
- D. Landscaping
- E. Recreation and Open Space
- F. Utilities
  - a. Water will be provided by
  - b. Sanitary sewer will be provided by
  - c. Electric will be provided by
- G. Wetlands