



RE-ZONING APPLICATION

Application Fee: ___ \$1,000 - Properties 10 Acres or less ___ \$2,000.00 - Properties over 10 Acres Application Fee if done in conjunction with ANNEXATION: ___ Properties 10 Acres or less – Actual cost of Legal Advertising* ___ Properties over 10 Acres – Actual cost of Legal Advertisement and Review Services* (*NOTE: invoice will be provided to applicant and must be paid prior to final adoption)	
Application and all pertinent required data (listed below) MUST be submitted with this application	
<input type="checkbox"/> ORIGINAL application with Signed & Notarized Re-Zoning Application and/or Affidavit Authorization for Agent (if applicable) <input type="checkbox"/> A copy of the deed or other evidence of ownership <input type="checkbox"/> Date applicant met with a representative of the Urban Design Staff prior to the submission of application? _____ <input type="checkbox"/> Annexation Application (if Applicable) <input type="checkbox"/> Comprehensive Plan Amendment Application (if applicable) <input type="checkbox"/> An explanation of the proposed project, site plan showing building footprints, parking and traffic circulation areas, water and sewer connection locations, and landscaping (if applicable)	<input type="checkbox"/> Signed and sealed boundary survey, completed no more than 12 months prior to the application that accurately shows the current condition of the property to include all existing streets, watercourses, natural feature, vegetation and topography and exact location of all buildings and structures. <input type="checkbox"/> Survey MUST show ALL Easements, Dedications & Improvements <input type="checkbox"/> Survey must have a metes and bounds description of the property showing water and sewer main locations and fire hydrant locations <input type="checkbox"/> Date of Survey: _____ <input type="checkbox"/> Total Acreage of Property _____ <input type="checkbox"/> Square Footage _____
<input type="checkbox"/> Narrative explaining the specific zoning changes and the reason why re-zoning should be granted	<input type="checkbox"/> Map showing the zoning of ALL the property contiguous with the subject property
<input type="checkbox"/> Digital Text file of metes and bounds description of Property (include square miles & acreage)	<input type="checkbox"/> SCADL (School Concurrency Approval Determination Letter) attain by School Department
<i>In addition to the original application a CD/DVD of ALL supporting documentation needs to be submitted in a separate PDF, appropriately identified by name.</i>	
<u>Preface</u> - This request for a change to the Zoning Atlas (zoning) must be consistent with all elements of the adopted Comprehensive Plan of the City of Punta Gorda. Should there a conflict exist between the proposal contained herein and the Comprehensive Plan, an amendment to the Comprehensive Plan will have to be made prior to action on this zoning request.	
<u>Information to Be Submitted with Application</u> - In order that this application be processed in a timely fashion, the correct and complete information is necessary. It is suggested that the applicant bring the application to the Zoning & Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning & Code Compliance Division accepts no responsibility for the completeness or accuracy of the application. Errors in the filed application may result in delays with respect to required public hearings. All data and exhibits submitted in connection with the filing of this application become a permanent part of the public record	
IMPORTANT: The applicant or his representative MUST be present at the hearing. There will be a fee of \$500.00 for a Voluntary Continuance (a request by the applicant to continue a petition before the appropriate board or council, or by the failure of the applicant to attend or be represented at the appropriate meeting).	

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Date Received		File Number	Z-		
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1. Applicant					
Name					
Address	City	State	Zip		
Phone	Email address				
2. Owner(s) of Record					
Name					
Address	City	State	Zip		
Phone	Email address				
3. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)					
Name					
Address	City	State	Zip		
Phone	Email address				
4. Total Number of Parcels included in this application:					
5. Property Address / Street Name (if applicable – attached separate sheet if necessary)					
Address	City	State	Zip		
6. Legal Description of Property (Attach separate sheet if necessary) **Note: A digital TEXT file of metes and bounds description of property MUST be submitted on a CD/DVD**					
Parcel ID /Account #	Lot #	Block#	Section	Total Sq. Feet	Total Acres
7. Existing & Proposed Zoning Classifications (attach additional sheet if necessary)					
Parcel ID	Existing Zoning District		Proposed Zoning District		

8. Are there any other local hearings pending or anticipated for this Property?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Has a public hearing been held on this property within the last 6 months?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If, "yes" whose name was the violation served?							
Name							
Address		City		State		Zip	
10. Is this request the result of a Code Enforcement Violation?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Whose name was the violation served?							
11. Are there any existing structures on the property?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes" what type of construction are they, and what is the current use of the structures. In addition include a site plan showing location of structures on property.							
<u>Approval Criteria.</u>							
<u>The Planning Commission and City Council shall use the following criteria, in addition to other reasonable considerations, in making their decision regarding approval or disapproval of an re-zoning application:</u>							
12. Please explain in detail the purpose of this request and reasons why the request should be approved.							
13. Please explain in detail the compatibility with the City's Comprehensive Plan:							
A. <u>Transportation Element:</u>							
<ul style="list-style-type: none"> • Provide a Traffic Impact Study indicating: • the relative intensity of the proposed change • functional classification of adjacent roadways • Routing of non-residential traffic onto residential streets • availability of collector and arterial roads and any other pertinent traffic circulation concerns 							
Roads – List all rights-of-way, Developed & Undeveloped:							
Lists the number of trips that could be generated by the proposed change in FLUM and/or Zoning and explore the impacts that this would have on the roadway system serving the subject site							
B. <u>Infrastructure Element</u>				***must also provide letter from utility company stating the availability of Utilities service on this property***			
a. Sanitary Sewer							
b. Solid Waste							
c. Drainage							
d. Portable Water							

C. <u>Housing Element:</u>				
D. <u>Conservation:</u>				
E. <u>Costal Management Element:</u>				
F. <u>Recreation & Open Space Element:</u>				
G. <u>Intergovernmental Coordination Element:</u>				
H. <u>Capital Improvement Element:</u>				
I. <u>Public School Facilities Element</u>				
J. <u>Historic Element (if applicable)</u>				
14. What is the Compatability with surrounding neighborhood & Uses				
Parcel ID	North	South	East	West
15. What is the Consistency with any binding agreements with Charlotte County, as amended, or any regional planning issues, as applicable?				

16. What are the Mitigation of traffic impacts (if applicable)

17. Describe the provision of adequate public facilities:

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

AFFIDAVIT

Signature of Owner or Authorized Agent

Print Name & Title

Date

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)

I/We _____, property owner(s), hereby authorize _____ to act as **Agent** on our behalf regarding a REZONING APPLICATION on the property commonly known as _____ in Punta Gorda, Florida.

Signature of Property Owner

Print Name of Property Owner

Date

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)