



# CITY OF DAVENPORT

1 South Allapaha Ave - Davenport, FL 33837  
Telephone (863) 419-3300 - Fax (863) 216-5634

## Application for Zoning Amendment

<u>City Use Only:</u>	
Case Number: _____	PC Date: _____
CC Workshop Date: _____	
CC 1R Date: _____	CC 2R Date: _____

The following information is required for submission of an application for assignment of a **Zoning District** or the **Rezoning** of property in the City limits of Davenport, Florida. Please print or type the required information below. **The Applicant shall adequately address the eleven (11) items in Article 9 Rezoning, Section 9.04.00, Contents of the Application of the Land Development Regulations including an aerial photograph and location map. Depending on the size and intensity of the request, the Applicant maybe required to submit an Impact Statement in accordance with Article 9 Impact Statements, 9.09.00 Application, Section 9.09.02 Developments Requiring Impact Statements, Section.09.05 General Information Required for Impact Statement and Section 9.09.06 Specific Information Required for the Impact Statement.**

### APPLICANT

Name of Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Agent, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

### PROPERTY IDENTIFICATION

Property Address or General Location: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Existing Structures Located on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Residents on Site: \_\_\_\_\_

Parcel I.D.#: \_\_\_\_\_

Legal Description of the Property: \_\_\_\_\_

Subdivision (if any): \_\_\_\_\_

**Zoning and Future Land Use Designation**

Current Zoning Classification: \_\_\_\_\_

Current Future Land Use Classification: \_\_\_\_\_

Requested City Zoning Classification: \_\_\_\_\_

Note: For annexed properties without City Zoning, the City will assign designations, which most closely conform with the actual use of the property or with designations of surrounding properties, unless specific zoning designations are requested.

**Approval of this application does not waive any other applicable provisions of the City Land Development Regulations, the City Comprehensive Plan or the City Code which are not part of the request for this application, nor does approval waive any applicable Florida Statutes, Florida Administrative Code, or any other applicable laws, rules, or ordinances, whether federal, state or local. The applicant has the obligation and responsibility to be informed of and be in compliance with all applicable laws, rules, codes and ordinances.**

I, \_\_\_\_\_ (print name), the applicant or property owner which is the subject of this application, or the authorized representative of applicant or property owner which is the subject of this application, hereby authorize representatives of the City to enter onto the property which is the subject of this application to perform any inspections or site visits necessary for reviewing this application. I understand that representatives of the City are not authorized to enter any structures dwellings which may be on the property. Applicants, property owners or authorized representatives are here by acknowledging their obligation and responsibility to be informed of and be in compliance with all applicable laws, rules, codes and ordinances.

\_\_\_\_\_  
Applicant, Property Owner or Authorized Representative

\_\_\_\_\_  
Date

<p><b><u>City Use Only:</u></b></p> <p>Date Received: _____</p> <p>Received By: _____</p> <p>Fee Paid: _____</p> <p>Date Found Complete: _____</p>
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**PROPERTY OWNER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the City of Davenport to process this petition for **Zoning or Re-zoning**, in accordance with all adopted City rules and regulations, and in conformance with State law.

Further, the undersigned (has) (have) appointed and (does) (do) appoint as agent(s) to execute any petitions or other documents necessary to affect such petition; and request that you accept the signature of my agent(s) as representing my agreement of all terms and conditions of the approval process:

Further, (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

**PROPERTY OWNERS**

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Printed Name of Owner

**PROPERTY OWNER'S NOTARIZATION**

STATE OF FLORIDA  
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.

My Commission Expires:

\_\_\_\_\_  
Notary Public Signature

**AGENT OR LESSEE SIGNATURE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) serve as \_\_\_\_\_ for the owner(s) in \_\_\_\_\_ (agent or lessee) making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and other information attached hereto present the arguments on behalf of the petition herein requested to the best of (my) (our) ability and that the statements and information above belief.

**AGENT OR LESSEE SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_  
Agent or Lessee's Signature/Print Title

\_\_\_\_\_/\_\_\_\_\_  
Agent or Lessee's Signature/Print Title

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Company Address

**AGENT OR LESSEE(S) NOTARIZATION**

STATE OF FLORIDA  
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.

My Commission Expires:

\_\_\_\_\_  
Notary Public Signature