

**CITY OF MINNEOLA, FLORIDA  
ZONING MAP AMENDMENT  
WITH  
COMPREHENSIVE PLAN AMENDMENT  
APPLICATION CHECKLIST**

This Checklist is based on the relevant provisions of Chapter 98-3, Rezoning, Chapter 98-4(a), Small Scale Comp Plan Amendment (10 acres or less), and Chapter 98-4(b), Large Scale Comp Plan Amendment (10.1 acres or more), of the Minneola Code of Ordinances. The Code is available at [www.municode.com](http://www.municode.com). Requirements are minimums that may be adjusted in the pre-application conference.

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**Please check one:**

- ☐ Small Scale Comp Plan Amendment (10 acres or less) - **\$1,350**  
☐ Large Scale Comp Plan Amendment (10.1 acres or more) - **\$2,350**

**The following information is required for all Zoning Map & Comp Plan Amendment Applications:**

- ☐ 1 – Copy of the Legal Description [could be on the survey]  
☐ 1 – Certified copy of the Warranty Deed  
☐ 1 – Copy of the signed and notarized property Owner's Authorization (if applicable)  
☐ 1 – Copy of the completed Application form with Checklist  
☐ 1 – Copy of the completed Adjacent Property Owners form -- or --  
☐ 1 – Copy of only the 1<sup>st</sup> page of the Property Record Cards for all parcels within 300 feet of all sides of the subject parcel(s) and mailing labels for each of these property owners  
☐ Mailing Labels for all adjacent property owners within 300' of all sides of property  
☐ 3 – Copy of the Boundary Survey by a Florida Licensed surveyor @ 24" x 36"  
☐ 3 – Copy of the Conceptual Plan for the subject site @ 24" x 36"  
☐ 10 – Copy of the Boundary Survey by a Florida Licensed surveyor @ 24" x 36"  
☐ 10 – Copy of the Conceptual Plan for the subject site @ 24" x 36"  
☐ 1 – CD in PDF format including ALL application package text and graphics  
☐ Non-refundable fee per Amendment acreage size listed above
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**The Conceptual Plan will include:**

- ☐ a) A graphic identification of the points of entry from the adjacent road  
☐ b) The site contours – minimum 10-ft. intervals  
☐ c) A graphic depiction of the proposed density (du/acre) or intensity (FAR) by sub-area (bubble diagrams) or total square footage of all principal structures  
☐ d) A graphic identification of the existing adjacent land use on all sides  
☐ e) A graphic identification of the existing adjacent zoning on all sides of the site  
☐ f) Other requirements identified in the pre-application conference
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Submit to: Planning Department, 800 N. U.S. Hwy 27, Minneola, FL 34715  
Phone 352-394-3598 extension 171 or 172

**CITY OF MINNEOLA, FLORIDA  
ZONING MAP AMENDMENT  
WITH  
COMPREHENSIVE PLAN AMENDMENT  
APPLICATION CHECKLIST (continued)**

<b>Application Review Process</b>
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Development Review Process (DRP)

- A pre-determined level of DRP review shall occur for every application
- The DRP will provide written comments/recommendations to the applicant and the P&Z

Planning and Zoning Commission (P&Z)

- The Planning Dept (Dept) is responsible to ensure the proper legal advertising is done in a timely manner
- The applicant is responsible to correctly post the required signs on the site in a timely manner and pursuant to the instructions provided by the Dept and to remove the signs after the approval process is completed
- The P&Z will provide written comments to the City Council

City Council

- The City Council may conduct one or more public workshops prior to initiating their formal consideration of a small scale comprehensive plan amendment application
- The Dept will advise the applicant of the next available workshop date
- Upon Council's completion of the workshop process the Dept will do an additional legal advertisement and the applicant must again post signs on the site as described above
- The City Council must conduct two public hearings regarding the proposed amendment
- The Council may defer consideration of the subject application at any time

For additional information regarding the application review process, please refer to the Minneola Code of Ordinances:

- Chapter 98-3, Rezoning,
- Chapter 98-4(a), Small Scale Comp Plan Amendment (10 acres or less),
- Chapter 98-4(b), Large Scale Comp Plan Amendment (10.1 acres or more).

The Code is available at [www.municode.com](http://www.municode.com).

**CITY OF MINNEOLA, FLORIDA  
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WITH  
COMPREHENSIVE PLAN AMENDMENT  
APPLICATION**

☐ **Small Scale Comp Plan Amendment**    ☐ **Large Scale Comp Plan Amendment**  
*(Please check one Comp Plan Amendment type above)*

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Fax # or E-mail: \_\_\_\_\_

General Location and/or Street Address: \_\_\_\_\_  
\_\_\_\_\_

Alternate Key Number(s): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Owner Phone #: \_\_\_\_\_ Fax # or E-mail: \_\_\_\_\_

Site Area (acres or sq. ft.): \_\_\_\_\_

~~~~~ **EXISTING** ~~~~~

FLUM: \_\_\_\_\_ Zoning: \_\_\_\_\_

Potable Water Source: \_\_\_\_\_ Sewage Disposal Method: \_\_\_\_\_

Present Use & List Of Structures By Use: \_\_\_\_\_  
\_\_\_\_\_

Has this site been subject to other development applications in the last two years?

No: \_\_\_\_\_ If Yes, provide the type of action and date of final action: \_\_\_\_\_  
\_\_\_\_\_

~~~~~ **PROPOSED** ~~~~~

FLUM: \_\_\_\_\_ Zoning: \_\_\_\_\_

Potable Water Source: \_\_\_\_\_ Sewage Disposal Method: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Reasons for the request: \_\_\_\_\_

Adjacent Roadway Classification & LOS: \_\_\_\_\_

Estimated traffic generated by the proposed project: \_\_\_\_\_

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**CERTIFICATION**

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs, mailing costs, **AND** the actual consultants' review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice **OR** further processing of the application will cease until the invoice is paid in full.

**I understand that only application packages that are determined complete by the Department will be scheduled for review.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
*Payment Record for Office Use:*

Applicant Name: \_\_\_\_\_

Application for: \_\_\_\_\_

Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

**CITY OF MINNEOLA, FLORIDA  
ZONING MAP AMENDMENT  
WITH  
COMPREHENSIVE PLAN AMENDMENT**

**OWNER'S APPLICATION AUTHORIZATION  
(Required if the property owner of record is not the applicant)**

**STATE OF FLORIDA**

**COUNTY OF LAKE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
who being by me first duly sworn on oath, deposes and says:

1. That he/she is the property owner of the subject parcel(s) in this application.
2. That he/she desires to apply for a Zoning Map Amendment and Comprehensive Plan Amendment on land generally located at (insert legal description)

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

3. That he/she has appointed \_\_\_\_\_ to  
act as agent in his/her behalf to accomplish the above.

\_\_\_\_\_  
Owner's Signature

This is to certify that on \_\_\_\_\_, 20\_\_\_\_ before me,  
an officer duly authorized to take acknowledgments in the State and County aforesaid,  
personally appeared \_\_\_\_\_ he/she is  
personally known to me or has produced \_\_\_\_\_ as identification  
and Did (Did Not) Take an Oath.

**STAMP/SEAL**

\_\_\_\_\_  
Signature of Acknowledger

\_\_\_\_\_  
Acknowledger Name

\_\_\_\_\_  
Serial Number

\_\_\_\_\_  
My Commission Expires

**CITY OF MINNEOLA, FLORIDA  
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ADJACENT PROPERTY OWNERS**

Type a list of owner's names and mailing addresses for all properties lying within 300 feet of all sides of the property described in the attached application, as recorded on the current County tax rolls, or attach photocopies of the appropriate Property Record Cards. [not both]

| <b>Alternate<br/>Key #</b> | <b>Property Owner</b> | <b>Address<br/>(include zip code)</b> |
|----------------------------|-----------------------|---------------------------------------|
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*Use additional pages as necessary*



City of  
**Minneola**  
FLORIDA

**City of Minneola**

800 N. US Hwy 27

Minneola, FL 34715

(352) 394-3598

**Waiver / Disclaimer and Condition Pursuant to Chapter 166.033, Florida Statutes**

Applicant: \_\_\_\_\_

Authorized Representative\*: \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Request: \_\_\_\_\_

I, \_\_\_\_\_ (Print Applicant / Authorized Representative\*

name), on behalf of \_\_\_\_\_ (Applicant) hereby waive the deadlines and/or procedural requirements of Florida Statute Section 166.033 as the provisions of said statute apply to the above referenced application, including, but not limited to:

- 30-day Staff review of Applicant's application and/or response to Request for Additional Information
- 30-day requirement for Applicant's response to City's Request for Additional information
- The limitation of three (3) requests by the City of Minneola for additional information.
- Requirement of Final Determination on Applicant's application approving, denying, or approving with conditions within 120 or 180 days of the determination of incompleteness, as applicable.

I further acknowledge that the City offers weekly development review meetings on Thursdays for me to discuss any comments I received based on my submittal. It is my responsibility to request and schedule a meeting with the City if I have any questions.

\_\_\_\_\_  
Signature of Applicant or Authorized Representative\*

\_\_\_\_\_  
Date

\*Agent Authorization Form required.