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. Requirements are minimums that may be adjusted in the pre-application conference.

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 1st 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 Licenses surveyor @ 11" x 17"
_____ 3 – Copy of the Conceptual Plan for the subject site @ 11" x 17"
_____10 – Copy of the Boundary Survey by a Florida Licenses 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 2200 or 2202

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APPLICATION CHECKLIST (continued)

Application Review Process

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.

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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 #: _____

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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

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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]

Alternate Key #	Property Owner	Address (include zip code)

Use additional pages as necessary