



TOWN OF HILLIARD
APPLICATION FOR ANNEXATION OF LAND
15859 W CR 108 Hilliard, FL 32046
Phone: 904-845-3555 | cs@townofhilliard.com

For Staff Only

File #: _____

Application Fee: \$ _____

Payment Processed By: _____

Application for Annexation of Land

A. APPLICANT

Date Filed: _____ Application Number: _____

1. Applicant's Status: ☐ Owner (title holder) ☐ Agent

2. Name of Applicant(s) or Contact Person(s): _____ Title: _____

Company (if applicable): _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Telephone: () _____ E-mail: _____

3. If the applicant is agent for the property owner*

Name of Owner (titleholder): _____

Company (if applicable): _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Telephone: () _____ E-mail: _____

*** Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.**

B. ATTACH LEGAL DESCRIPTION – Attach a Legal description of land sought to be annexed by metes and bounds, street address together with a recent survey of the property proposed for annexation and map clearly showing the area to be annexed, showing the following:

1. Location Map, drawn to scale showing the relationship of the subject property to the town boundaries and surrounding developments.
2. Property boundary lines
3. Easements
4. Adjacent streets, (Names and right-of-way)
5. The property's current zoning district classification and future land use designation.



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C. REASON FOR ANNEXATION- The reason annexation is being sought and supporting data as to why such annexation should be made.

D. TOTAL AREA- Total Area of parcel to be annexed (square feet / number of acres):

E. MINIMUM FRONTAGE / WIDTH- Minimum average width and street frontage of parcel sought to be annexed is:

Width: _____

Frontage: _____

F. ATTACHMENTS

1. Rezoning application
2. Comprehensive Plan Amendment Application

The Applicant is responsible for paying a \$1,000.00 deposit at the time of submittal.

No application shall be accepted for processing until the required application fee is paid in full.

All attachments are required for a complete application. A completeness review of the application will be conducted within ten (10) business days of receipt. If the application is determined to be incomplete, the applicant will be required to provide the needed documents prior to approval of work. Work prior to approval will result in a Code Enforcement Violation.

In filling out this Annexation Application, the undersigned understands it becomes a part of the Official Records of the Town of Hilliard and does hereby certify that all information contained herein is true to the best of their knowledge.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____

County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20_____, by _____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____