



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

For Staff Only

File #: _____

Application Fee: \$ _____

Payment Processed By:

Rezoning Application

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Location: On the _____ side of _____ Street/Ave between _____ and _____ Streets/Avenues
4. Parcel Number(s): _____
5. Existing Use of Property: _____
6. Future Land Use Map Designation: _____
7. Existing Zoning Designation: _____
8. Proposed Zoning Designation: _____
9. Acreage: _____
10. Reason for Rezoning: _____

B. APPLICANT

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: _____

If the applicant is agent for the property owner*

Name of Owner (titleholder): _____
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.**



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C. ATTACHMENTS

1. Statement of proposed change, including a map showing the proposed zoning change and zoning designations on surrounding properties
2. A current aerial map (Maybe obtained from the Nassau County Property Appraiser.)
3. Plat of the property (Maybe obtained from the Nassau County Property Appraiser.)
4. Legal description with tax parcel number.
5. Boundary survey
6. Warranty Deed or the other proof of ownership
7. Fee
 - i. \$1000
 - ii. All applicants must pay the cost of postage, signs, advertisements and the fee for any outside consultants

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.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our 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 _____