



File # _____
Filing Date: _____
Acceptance Date: _____
Review Date: P & Z _____ TC _____

PUD Rezoning Application

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID Number(s): _____
4. Existing Use of Property: _____
5. Future Land Use Map Designation: _____
6. Existing Zoning Designation: _____
7. Proposed Zoning Designation: _____
8. Acreage: _____

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: () _____ FAX: () _____ e-mail: _____
3. If the applicant is agent for the property owner*
Name of Owner (titleholder): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: () _____ FAX: () _____ e-mail: _____

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

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. Site Plan
8. Written Description
9. Binding Letter
10. Fee.
 - a. \$2,500 plus \$20 per acre

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice for of postage, signs, advertisement, outside consultants shall be paid in full prior to any action of any kind on the application by the Planning and Zoning Board.

All 10 attachments are required for a complete application. One original and a PDF Version of the complete application with all attachments need to be submitted. 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 application will be returned to the applicant.

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 _____

PUD Written Description

NAME OF PUD

I. PROJECT DESCRIPTION

DESCRIBE PROJECT

Number of acres, location of site, existing use, surrounding uses, types of businesses, proposed uses

II. USES AND RESTRICTIONS

- A. Permitted Uses
- B. Uses by Special Exception
- C. Accessory Structures
- D. Restrictions on Uses

III. DESIGN GUIDELINES

- A. **Lot Requirements**
 - a. Minimum lot area
 - b. Minimum lot width
 - c. Maximum lot coverage
 - d. Minimum front yard
 - e. Minimum side yard
 - f. Minimum rear yard
 - g. Maximum height of structures
- B. **Ingress, Egress and Circulation**
 - a. Parking Requirements
 - b. Vehicular Access
 - c. Pedestrian Access
- C. **Signs**
- D. **Landscaping**
- E. **Recreation and Open Space**
- F. **Utilities**
 - a. Water will be provided by
 - b. Sanitary sewer will be provided by
 - c. Electric will be provided by
- G. **Wetlands**