

# APPLICATION FOR A REZONING

\_\_\_\_\_  
**Parcel Identification Number (18 digit number)**

**1. Legal Description:** Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_,  
Plat Book \_\_\_\_\_, Page \_\_\_\_\_. (Please attach Legal Description if not located in a subdivision)

**2. Location:** On the \_\_\_\_\_ side of \_\_\_\_\_  
(east, north, south, west) (street)  
between \_\_\_\_\_ and \_\_\_\_\_  
(street) (street)

**3. Name and address of the owner as shown in the public records of Nassau County:**

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

**4. Current Zoning District:** \_\_\_\_\_

**5. Requested Zoning District:** \_\_\_\_\_

**6. Future Land Use Designation:** \_\_\_\_\_

**7. Addresses:** In the label sheet provided please list the names and addresses of all property owners within 300 feet of the land upon which this rezoning is requested. (*Must be obtained from the Property Appraiser's Office*)

**8. Property Use** (list any improvements on the site or uses): \_\_\_\_\_

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

**9. Rezoning Review Criteria:**

On a separate sheet of paper (8.5" x 11") please answer the following in detail (Attach as Exhibit "A")

- a. Is the proposed change contrary to the established land use pattern?
- b. Would the proposed change create an isolated district unrelated to adjacent and nearby districts?
- c. Would the proposed change materially alter the population density pattern and thereby overload public facilities such as schools, utilities, streets, etc?
- d. Are existing district boundaries illogically drawn in relation to existing conditions on the property proposed for change?
- e. Is the proposed change contrary to the long range land use plans?

- f. Do changed or changing conditions make the approval of the proposed rezoning desirable?
- g. Will the proposed change adversely influence living conditions in the neighborhood?
- h. Will the proposed change create or excessively increase traffic congestion or otherwise affect public safety?
- i. Will the proposed change create drainage problem?
- j. Will the proposed change be a deterrent to the improvement or development of adjacent property in accord with existing regulations?
- k. Will the proposed change affect property values in the adjacent area?
- l. Will the proposed change constitute a grant of special privilege to an individual owner as contrasted with the public welfare?
- m. Are there substantial reasons why the property cannot be used in accord with existing zoning?
- n. Is the proposed change out of scale with the needs of the neighborhood or the city?
- o. Are there other sites in this general location already zoned to permit the proposed use?
- p. Is the width and area of the parcel sought to be rezoned adequate to accommodate the proposed use?

10. Supporting data which is considered by the Planning Board:

- \_\_\_\_\_ Site Plan (Attach Exhibit "B")                      \_\_\_\_\_ Tax Map (Attach Exhibit "C")
- \_\_\_\_\_ Kit Acreage to be rezoned (show on Exhibit "B")    \_\_\_\_\_ Zoning Map (Attach Exhibit "D")
- \_\_\_\_\_ Any additional data (Attach as additional Exhibits "E"?)

11. Has any application been submitted within the last two (2) years for a Zoning Exception, Zoning Variance, or for the Rezoning of any portion of the parcel included in this application? \_\_\_\_\_ If so, give details of such application and final disposition. \_\_\_\_\_

In filing this application for a Zoning Exception, the undersigned understands it becomes a part of the official records of the Planning Board and does hereby certify that all information contained herein is true to the best of his/her knowledge.

Signature of Owner: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Select newspaper for legal notice:                      Fernandina Beach News Leader \_\_\_\_\_ Nassau County Record \_\_\_\_\_

**AGENT AUTHORIZATION**

I, \_\_\_\_\_, the owner of parcel \_\_\_\_\_  
*(Parcel Identification Number)*

located on the \_\_\_\_\_ side of \_\_\_\_\_,  
*(east, north, south, west)* *(street/road)*

\_\_\_\_\_ do hereby authorize \_\_\_\_\_  
*(town/city)* *(Agent Name)*

to act as my Agent in conjunction with Zoning Application \_\_\_\_\_, without  
any further notice.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Time: \_\_\_\_\_ A.M./P.M.

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
*Telephone Number*

STATE OF FLORIDA :

COUNTY OF NASSAU:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_ (Seal)

\_\_\_\_\_  
*Notary Public Signature*

\_\_\_\_\_  
*Name )typed, printed or stamped)*

NOTARY PUBLIC

SERIAL#  
*(If applicable)*