

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)