

HERNANDO COUNTY ZONING AMENDMENT PETITION
Application to Change a Zoning Classification

File No. _____ Official Date Stamp:

Date: _____

Print or type all information.

- Application request Standard Rezoning
(check one): PDP/Planned Development Project Rezoning
 Public Service Facility Overlay District (except communication tower)
 Public Service Facility Overlay District for Communication Tower

1. **APPLICANT'S NAME:** _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____ Email: _____
2. **PROPERTY OWNER'S NAME:** *(if not the applicant)* _____
3. **REPRESENTATIVE/CONTACT PERSON'S NAME:** _____
 Company Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ Fax: _____ Email: _____
4. **PARCEL(S) KEY NUMBER(S)** _____
 SECTION _____, TOWNSHIP _____, RANGE _____
5. Current zoning classification: _____
6. Desired zoning classification: _____
7. Size of area covered by application: _____
8. Highway and street boundaries: _____
9. Has a public hearing been held on this property within the past twelve months? _____
10. Will expert witness(es) be utilized during the public hearings? _____ (Identify on an attached list.)
11. Will additional time be required during the public hearing(s) and how much? _____

If the property is under contract for sale, a copy of the recorded deed of the present owner must be supplied. If the applicant is a corporation or public entity, additional documentation listing all authorized corporate office's must be submitted.

Staff will conduct at least one site visit to the parcel that is the subject of the application. Submittal of a completed application represents express permission to the Department staff to enter onto the property.

The rezoning process is a land use determination and does not constitute a permit for either construction on, or use of, the property, or a Certificate of Concurrence. Prior to use of, or construction on, the property, the petitioner must receive approval from the appropriate County department(s) for the proposed use.

The granting of a land use determination does not protect the owner from civil liability for recorded deed restrictions which may exceed any county land use ordinances. Homeowner's associations or architectural review committees require submission of plans for review and approval. The applicant for this land use request should contact the local association or the Public Records for all restrictions applicable to this property.

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The application form must be executed by the property owner(s) and the representative (if applicable)

Owner Affidavit:

I, _____, hereby state and affirm that:

- I am the owner of the property and am making this application to rezone **OR**
- I am the owner of the property and am authorizing the entity below to submit an application to rezone the described property. The entity shall complete the affidavit below.

I have read the instructions for filing this application. All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief and are a matter of public record.

Signature of Property Owner

STATE OF FLORIDA
COUNTY OF HERNANDO

On this the _____ day of _____, 20_____, before me personally appeared _____ and whose name(s) is/are subscribed herein.

WITNESS my hand and official seal. _____

Notary Signature

The individual(s) are personally known to me or, presented the following identification: identification: _____.

[SEAL]

Agent/Representative Affidavit:

I, _____, hereby state and affirm that:

- I am the legal representative of the owner or lessee of the property described, which is the subject matter of the application. I have been authorized by the owner identified above to proceed with this application.

I have read the instructions for filing this application. All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief and are a matter of public record.

Signature of Representative

STATE OF FLORIDA
COUNTY OF HERNANDO

On this the _____ day of _____, 20_____, before me personally appeared _____ and whose name(s) is/are subscribed herein.

WITNESS my hand and official seal. _____

Notary Signature

The individual(s) are personally known to me or, presented the following identification: identification: _____.

[SEAL]

Effective Date: 6/12/09 Last Revision: 3/2/11