REZONING APPLICATION

A completed application for *Timing & Phasing, Substandard Road Review (LDC 901.2), and Waiver Request must be submitted to the Planning, Development & Economic Growth Transportation Planner and evaluated **prior** to any rezoning application submittal to the DAS Department.

No rezoning application will be accepted without a written, County-approved Timing & Phasing and/ or Substandard Road Analysis or written, County-approved exemption letter.

The written, County-approved analysis or exemption letter from the Planning, Development & Economic Growth Department Transportation Planner **must** be attached and submitted with your rezoning application.

Please call the DAS teams to schedule a content meeting for submittal at 727-847-8142.

A Timing & Phasing application for an MPUD Master Planned Unit Development and other rezoning types can be obtained from the Pasco County website at www.pascocountyfl.net.

REQUIREMENTS FOR PUBLIC NOTICE SHALL APPLY TO ALL REZONINGS,CONDITIONAL USES, & SPECIAL EXCEPTIONS.

The applicant/representative is responsible to provide public notice for all rezoning, conditional use, and special exception applications. Public notice consists of a written notice letter sent via United States Post Office to all property owners within 500-feet* of the subject property and posting a Public Notice/Public Hearing sign on the subject property at least 14 days prior to the hearing(s); and, providing a notarized affidavit attesting to providing public notice at least 10 days prior to the public hearing(s). Depending on the type and scope of the application, a Neighborhood Meeting may be required. After submitting your application, Pasco County will provide additional instructions, sample forms for written notice and affidavit, and a mailing list of property owners within 500-feet of the subject property. Specialized public notice sign is available from Planning and Economic Growth Department for a nominal fee. Pasco County will publish a public notice in a newspaper of general circulation at least 14 days prior to the hearing(s).

*SOME AREAS MAY REQUIRE 1000 FEET TO BE DETERMINED BY STAFF.

☐ **I prefer to receive correspondence pertaining to the application via EMAIL ADDRESS:**

_____

APPLICATION FOR ZONING AMENDMENT
PASCO COUNTY, FLORIDA
APPLICATION NO. _____

The undersigned owner(s) of the following legally described property has formally requested consideration of a zoning amendment in accordance with provisions of Florida Statutes and Section 402.1.B of the Pasco County Land Development Code.

It shall be the responsibility of the petitioner, or her/his legal agent of record, to provide all information required below or any other information which is reasonable and relevant to the formulation of a recommendation to the zoning amendment being considered. **No application for review shall be deemed complete until all required information is provided**.

1. Name of Current Owner(s): _____

2. Owner's Mailing Address: _____

City _____ State Zip Code

3. Owner's Telephone Number: _____

4. Parcel ID No.: _____

5. Present Zoning District: _____ Proposed Zoning District: _____

6. Existing Use: _____

7. **Proposed Use/Development**: (provide a narrative) _____

8. **A. Two signed and sealed boundary legal descriptions and sketches or property survey (by a registered surveyor), including wetland (if any) delineation, to be supplied at time of application.**

B. A Timing & Phasing application must be submitted in Accela prior to submission of this application. No application will be accepted without a written County-approved analysis study or County-approved exemption (see cover sheet). A County-approved methodology statement for MPUD applications only will be accepted.

9. Last Year's PAID Tax Bill_____ **9a**. Notarized Agent of Record (if applicable) ☐

10. All **MPUDs must** be submitted at an **application submittal meeting** with a planner

11. Site Plan ☐ for MPUD Amendments and Narrative

12. Is this application the result of a Notice of Violation? _____ If so, please attach a copy.
All submittals provide a copy of the pre-application meeting notes or waiver.

13. **Fees**: Please make checks payable to Pasco County Board of County Commissioners.

	Euclidian Rezoning		MPUD	
#107	Base Fee	**$850.00**	Base Fee	**$8,000.00**
	Per Acre or partial acre	**$ 20.00**	Per Acre	**$20.00**
#269	Technology Fee	**$ 25.00**	**(Maximum Fee $25,000)**	
#154	Environmental Review Fee	**$125.00**	Technology Fee	**$25.00**
#	Advertising Fee	**$ 60.00**	Environmental Review Fee	**$1000.00**
#215	**Public Hearing Sign**	**$ 12.75**	**plus $1/acre (Max total $1,750.00)**	
#215	**Public Hearing Stakes**	**$ 1.36**	**MPUD Substantial Modification**:	
#109	**Timing & Phasing Application**	**$525.00**	Base Fee	**$6,000.00**
			Per Acre	**$20.00**
			(Maximum Fee $25,000)	
			Technology Fee	**$25.00**
	Per LDC 803.2.A- all applications for property 10 acres or larger will require a preliminary habitat assessment & may also require a species specific survey in accordance with applicable State & Federal guidelines, technical reports & reommendations.		Environmental Review Fee	**$1000.00**
			plus $1/acre (Max total $1,750.00)	
			MPUD Non-substantial Modification:	
			Base Fee	**$3,000.00**
			Technology Fee	**$25.00**
			Environmental Review Fee	**$750.00**

The petitioner acknowledges that all zoning amendments are subject to all other applicable sections of the Pasco County Land Dev. Code
**** A CONTINUANCE MAYBE GRANTED IF THE REQUEST IS RECEIVED, IN WRITING, BY THIS OFFICE WITH CAUSE SHOWN A MINIMUM OF FIVE (5) DAYS BEFORE ANY MEETING.** A $300.00 CONTINUANCE FEE MAY APPLY.**

Date: _____ _____
Owner's/Representative's Signature

Fee Calculation: Check Number:_____ _____
Owner's/Representative's Name (Print)

_____
Representative's Address

_____
Accepted By:

_____
Representative's City, State, Zip Code

_____ _____
Applicant E-Mail Address: Representative's Telephone Number

****ANY PROPOSED CHANGES TO CONDITIONS OF REZONING MUST BE IN WRITING AND DISTRIBUTED TO STAFF AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE MEETING. FAILURE TO DO SO WILL RESULT IN A CONTINUANCE.**

AGENT OF RECORD LETTER

TO THE PASCO COUNTY PLANNING, DEVELOPMENT & ECONOMIC GROWTH DEPARTMENT, AND THE PASCO COUNTY BOARD OF COUNTY COMMISSIONERS:

I (We), _____, hereby designate and appoint _____ as my (our) Agent of Record for the purposes of representing me (us) during the rezoning, special exception, conditional use, variance appeal or site development application and applicable public hearing for application/project application and public hearing processes.

My (our) Agent of Record is hereby vested with authority to make any representations, agreements, or promises which are necessary in conjunction with the said application/project. My (our) Agent of Record is also authorized to accept or reject any conditions imposed by any reviewing board or entity.

Dated this _____ day of _____, _____.

_____
APPLICANT/OWNER

_____
PRINTED NAME OF APPLICANT/OWNER

_____
EMAIL OWNER

_____
EMAIL REPRESENTATIVE

_____
APPLICANT/OWNER

_____
PRINTED NAME OF APPLICANT/OWNER

_____
APPLICANT'S(S') REPRESENTATIVE

_____
PRINTED NAME OF REPRESENTATIVE

_____
REPRESENTATIVE'S ADDRESS

_____
CITY, STATE, ZIP CODE

_____
TELEPHONE NUMBER

STATE OF FLORIDA
COUNTY OF PASCO

I HEREBY CERTIFY that on this day, personally appeared before me, an officer duly qualified to administer oaths and take acknowledgments, to me known to be the person(s) described in and who executed the above and foregoing Agent of Record Letter and who acknowledged before me that (s)he (they) executed the same for the purposes therein expressed.

WITNESS my hand an official seal in the County and State last aforesaid this _____ day of _____, _____.

_____
NOTARY PUBLIC
State of Florida at Large

My Commission Expires:

NOTE: **If an Agent of Record is to be designated, all property owners of the subject property must sign this form.**