

REZONING APPLICATION

A completed application for *Timing & Phasing, Substandard Road Review (LDC 901.2), and Waiver Request must be submitted through Accela and approved **prior** to any rezoning application submittal to the Planning and Development Department.

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

Please call the Development Application Services Department to schedule a content meeting for submittal at 727-847-8140 xtn: 8289.

If you have any questions or need further assistance, please contact the Development Application Services Department at: (727)847-8140 xtn: 8289 (New Port Richey)

"A Timing & Phasing application for an MPUD Master Planned Unit Development and other rezoning types can be obtained from the Pasco County website at: <https://www.pascocountyfl.net/2828/Documents-Forms-Applications>

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 Development 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 402.2.C 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:** _____
8. **A. 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 and approved by the Planning & Development Department prior to submission of this application.
9. Copy of Warranty Deed _____
Copy of Last Year's Tax Bill _____ Notarized Agent of Record (if applicable) _____
10. **All MPUDs must be submitted through Accela and scheduled for content review.**
11. Is this application the result of a Notice of Violation? _____ If so, please attach a copy of this letter.
12. **Fees:** Please make checks payable to Pasco County Board of County Commissioners.

	Euclidian Rezoning	MPUD
#107	Base Fee \$850.00 Per Acre \$ 20.00	Base Fee \$8,000.00 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 plus
#215	Public Hearing Sign \$ 9.20	\$1/acre (Max total \$2,000.00)
#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 Environmental Review Fee \$1000.00 plus \$1/acre (Max total \$2,000.00)
		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

Owner's/Representative's Name (Print)

Representative's Address

Representative's City, State, Zip Code

Representative's Telephone Number

Applicant E-Mail Address: _____

AGENT OF RECORD LETTER

TO THE PASCO PLANNING AND DEVELOPMENT 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

APPLICANT/OWNER

PRINTED NAME OF APPLICANT/OWNER

PRINTED NAME OF APPLICANT/OWNER

EMAIL OWNER

APPLICANT'S(S) REPRESENTATIVE

EMAIL 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.