

Town of Montverde Rezoning Process

Submittal Requirements

Five (5) initial copies of the following (additional copies will be required after the final review completed):

- Proof of ownership
- Owners Affidavit and of applicable Applicant Affidavit
- Completed application
- Survey, including legal description of property and street / road address
- Requested land use designation and zoning
- Method of providing services including water, sanitary sewer, roads, drainage, schools, and police protection
- A Concurrency Application
- Additional Studies or Information per Town request

Processing

- All applications are received by the Town Clerk and forwarded to the Planning Consultant, Town Attorney and Town Engineer for review of code compliance and completeness.
- At the time of review the Town may request additional information to analyze impacts.
- The Clerk must forward the consultant comments to the applicant.
- Once the application is complete and there are no major issues, the consulting planner will forward the information to Town Attorney for preparation of Ordinance.
- The Clerk shall inform the applicant of meeting dates.

Advertising/Notices

- Notice to surrounding property owners within 300 ft at least 2 weeks prior to P&Z through certified mail read receipt.
- 1st advertisement should run prior to P&Z and 7 days prior to first public hearing. The second ad must be placed at least 5 days prior to the second public hearing.
- Ads must contain location map.
- All cost incurred by notification/advertising/posting shall be paid by the applicant

Hearings

- P & Z Committee (4th Wednesday of each Month) – Recommendation to Council
- Town Council Meeting (2nd Tuesday of Month) – 1st Reading
- Town Council Meeting (2nd Tuesday of next Month) - 2nd Reading

Processing After Approval

- Record Ordinance

Fees

- The applicant will pay in full for cost incurred through consultant review, attorney's fees advertising and notification.



REZONING APPLICATION

Tax identification # _____

1. Owner's Name: _____
Mailing Address: _____
Telephone #: _____
2. Applicant's Name: _____
Mailing Address: _____
Telephone #: _____
3. Applicant is: Owner ___ Agent ___ Purchaser ___ Lessee ___ Optionee ___
(If other than the owner, please attach owner's affidavit)
4. Property Address/Location: _____
5. Legal Description of Property to be rezoned: _____

6. The property is located in the vicinity of the following streets:

7. Area of Property: _____ Square feet _____ Acres
8. Utilities: Central Water ___ Central Sewer ___ Well ___ Septic Tank ___
9. Existing zoning of property: _____
10. Requested zoning of property: _____
11. Number, square footage and present use of the existing structures on the property;

12. Proposed use the property: _____
13. Has any land use application been file within last year in connection with this property?
 ___ Yes ___ No. If yes, briefly describe the nature of the request:

Applications shall include a legal description of the property, sketch or survey of the property, Proof of ownership and authorization from if represented by an agent or contract purchaser. If the rezoning request is not consistent with the Future Land Use classification, a Comprehensive Plan Amendment must be approved prior to the rezoning.

I certify that the statements in this application are true to the best of my knowledge.

Signature of Applicant

APPLICANT'S AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF LAKE**

Before me, the undersigned authority personally appeared _____, who being by me first duly sworn on oath, deposes and says:

- (1) That he affirms and certifies that he understands and will comply with all ordinances, regulations and provisions of the Town of Montverde, Florida, and that all statements and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official Records of the Town of Montverde, Florida, and are not returnable.
- (2) That the submittal requirements for the application have been completed and attached hereto as part of this application.
- (3) That the applicant desires approval of:

Affiant (Applicant's Signature)

The foregoing instrument was acknowledged before me this ___ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public

OWNER'S AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF LAKE**

Before me, the undersigned authority personally appeared _____,
who being by me first duly sworn on oath, deposes and says:

- (1) That he is the fee-simple owner of the property legally described on page one of this application.
- (2) That he desires approval for _____
- (3) That he has appointed _____ to act as agent in his behalf to accomplish the above. The Owner is required to complete the APPLICANT'S AFFIDAVIT of this application if no agent is appointed to act in his stead.

Affiant (Owner's Signature)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public

NOTE

All applications shall be signed by the owner of the property, or some person duly authorized by the owner to sign. This authority authorizing a person other than the owner to sign must be attached.