Print Form

Dept. of Development Services
Planning Services Division
2345 Providence Boulevard, Deltona, FL 32725
(386) 878-8600, Fax (386) 878-8621

PROJECT NO.: _____ - _____ - _____
(year) (type code) (sequence #)
ADDRESS: _____

PROJECT NAME: _____
(Do NOT write in this box—for office use only!)

CITY OF DELTONA

APPLICATION for AMENDMENT TO THE ZONING MAP

I. REQUEST ZONING CLASSIFICATION CHANGE: From_____
To_____ **on the property described below.**

Comprehensive Plan Land Use Designation: _____

Intended Use:_____

Applicable Utility Provision (mark all that apply)**:**
__Private Well __Central Water:_____ __Other _____
__Private Septic __Central Sewer:_____ _____

II. SUBJECT PROPERTY INFORMATION:

Property Address : _____

This property is located on the _____ side of _____ road approximately_____ feet/miles N, E, S, W of its intersection with _____ road. The property is near _____ in the City of Deltona**.**

Section _____**, Township** _____ **South, Range** _____ **East.**

Tax Parcel Number:

_____ - _____ - _____ - _____ **Size:**_____

Or __ See attached list of properties & owners (multiple owners and/or properties).

Property Owner's Name(s):_____

Owners Mailing Address: _____E-mail_____

City/State/Zip: _____Phone:_____

Email Address_____

III. ALL COMMUNICATION CONCERNING THIS APPLICATION WILL BE DIRECTED TO THE UNDERSIGNED:

Applicant's Name:_____

Applicant's Status: __ Owner __ Attorney for Owner
__ Agent for Owner __ Contract Purchaser

Mailing Address: _____

City/State/Zip: _____

Phone: _____ **Fax:**_____**E-mail**_____

Required fees must be paid at the time of filing. The applicant is responsible for submitting all information and exhibits in such form and completeness that will allow all reviewers to judge whether or not the subject development complies with all applicable regulations. **If the applicant is not the property owner, proper authorization must accompany this application.**

Applicant's Signature: _____ **Date:** _____

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IV. TO BE SUPPLIED AT THE TIME OF SUBMISSION:

__ 2 current sealed surveys with legal descriptions of property and 2 - 11"X17" copies of survey
__ Proof of Ownership (51% or more).
__ Proof of Payment of Current Property Taxes.
__ *Notarized Authorization of Owner* (if applicant is other than owner).
__ Traffic Study or Environmental Audit may be required as determined by Staff.
__ Please Note: Additional information may be requested for review by staff.
__ It is recommended that all applicants make appointment with staff for pre-application conference.

V. ADDITIONAL INFORMATION: (TO BE COMPLETED BY STAFF)

This request will be considered at the Planning & Zoning Board Meeting on Wednesday the _____ day of _____, 20____ in the Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm. Staff recommendations will be available one (1) week prior to this meeting. Pending the item is not tabled or sent back for further review, the recommendations of the Planning & Zoning board will be considered by the City Commission on Monday, the _____ day of _____, 20_____, in the Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm. Staff recommendations will be available one week prior to this meeting. Pending the recommendation of the City Commission at the second Public Hearing, the Ordinance for the zoning amendment will heard by the City Commission for a third and final reading on Monday, the _____ day of _____, 20_____, in the Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm.

It will be the responsibility of the applicant to ensure due public notice in connection with these public hearings pursuant to Ordinance 30-98. This includes notice to all the owners of surrounding properties within 300 feet of the subject property and posting of required signs. The City of Deltona will be responsible for advertisements published in a newspaper of general circulation in the area.

APPLICANT'S RIGHTS FOR REHEARING AND RES JUDICATA ARE STATED IN SECTION 1105.00 OF THE ZONING ORDINANCE 30-98, AS AMENDED.

If any person decides to appeal any decision made by the City Commission with respect to any matter considered at this meeting or hearing, he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (F.S. 286.0105).

Individuals with disabilities needing assistance to participate in any of these proceedings should contact the Department of Development Services at least three (3) working days in advance of the meeting date and time at (386) 561-2200.

Applicant's Signature_____**Date**_____

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City of Deltona

NOTARIZED AUTHORIZATION OF OWNER

I/We _____ as the
Print Owner's Name(s)

sole or joint fee simple title holder(s) of the property described as (parcel number and legal description): _____
_____
_____
_____
_____

authorize _____ to act as my agent to seek a (*select one*) __ conditional use; __ rezoning; __ variance, or __ other _____, on the above referenced property.

Property Address: _____

_____ _____
Owner's Signature *Owner's Signature*

Date:_____ Date:_____

_____ _____
Print or type name Print or type name

STATE OF FLORIDA
COUNTY OF VOLUSIA

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 – State of Florida

(*Notary Seal or stamp*)

_____
Print or Type Name
Print or type name

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ADD:
ARTICLE XI. OFFICIAL ZONING MAP AMENDMENTS AND CONDITIONAL USE REVIEW.
Sec. 1101

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City of Deltona
AMENDMENT TO ZONING MAP
NOTICE TO ADJOINING PROPERTY OWNERS

Owner: _____

_____

Address:_____

_____

Parcel No.:_____

Sent Via Certified Mail No.:_____

Dear Property Owner(s):

This is to inform you that I have filed an application, Case Number _____, for Public Hearings with the City Planning & Zoning Board and the City Commission.

The first hearing to consider this application will be held with the Planning and Zoning Board on **Wednesday the _____ day of _____, 20____** in the Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm

Pending the recommendation at the first hearing, the Deltona City Commission will hold a second public hearing to consider this application on **Monday the _____ day of _____, 20____**. The meeting will be held in the Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm.

Pending the recommendation at the second hearing, the Deltona City Commission will hold a third and public hearing on **Monday the _____ day of _____, 20____.** The meeting will be held in the Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm. You will be notified of any additional public hearings.

I am requesting this Public Hearing for the purpose of:_____

_____

_____

_____

_____.

All interested parties are invited to attend and be heard at these public hearings.

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PROJECT NAME: _____
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The legal description of my property is as follows:
_____
_____
_____.

The size of the property is _____square feet / acres.

The tax parcel number(s) of the property are _____
_____.

The subject property is located at_____
_____
_____
_____.

Appeals and Rehearing and Administrative Res Judicata procedures are stated in Section 1002.00 – 1005.00 of the Zoning Ordinance 30-98, as amended; as adopted by Deltona City Ordinance 96-26.

NOTE: If any person decides to appeal any decision made by the City Commission with respect to any matter considered at this meeting or hearing, he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (F.S. 286.0105).
Individuals with disabilities needing assistance to participate in any of these proceedings should contact the Department of Development Services at least three (3) working days in advance of the meeting date and time at 386-561-2200.

Applicant Name(s): _____
Address: _____
City/State/Zip: _____
Telephone No.: (_____) _____

Applicant Signature: _____Date_____

FOR MORE INFORMATION CONTACT:

City of Deltona, Department of Development Services, Planning Services Division, 2345 Providence Boulevard, Deltona, Florida, 32725. Telephone number (386) 878-8600, Fax number (386) 789-7234, Monday-Friday, 8:00 a.m. to 4:30 p.m.

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CITY OF DELTONA

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AFFIDAVIT OF COMPLIANCE WITH PUBLIC NOTICE REQUIREMENTS OF THE ZONING CODE

I, THE UNDERSIGNED, HEREBY CERTIFY that I have mailed notification of a public hearing(s) containing the time, date and purpose of the public hearing(s) and legal description of the subject property by Certified Mail, **at least fourteen (14) days prior** to the date of the public hearing as required by the City of Deltona Zoning Ordinance, to the following named property owners whose property adjoins [including across any street(s)] that property which is the subject of an application for a public hearing(s) pursuant to the Zoning Ordinance of the City of Deltona, Florida. **A copy of that letter and certified mail receipts are attached.**

The names and addresses of the following adjoining property owners were obtained from the Volusia County Property Appraiser's Office on _____, 20___.

NAME	TAX PARCEL NUMBER	CERTIFIED MAIL RECEIPT NUMBER

{page 2..AFFIDAVIT OF COMPLIANCE WITH PUBLIC NOTICE REQUIREMENTS OF THE ZONING CODE OF THE CITY OF DELTONA, FLORIDA}

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PROJECT NAME: _____
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--Additional Property Owners—

NAME	TAX PARCEL NUMBER	CERTIFIED MAIL RECEIPT NUMBER

Further, I have erected, or caused to be erected, **at least ten (10) days prior** to the date of the public hearing as required by the City of Deltona Zoning Ordinance, a Public Hearing Notice poster which was supplied by the City of Deltona. I understand that said poster is to remain in place until after the public hearing(s) have been held and is to be removed after final action. Said poster was erected on _____, 20___, in view of and accessible to the traveling public.

Case Number: _____ Case Name: _____

1st Hearing Date: _____ 2nd Hearing Date: _____

Printed Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Signature of Applicant: _____ Date: _____

STATE OF FLORIDA
COUNTY OF VOLUSIA

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The foregoing instrument was acknowledged before me this ____ day of _____, 20___,

by _____, who is personally known to me or who

has produced _____ as identification.

_____
Notary Public, State of Florida

(Notary Seal)

_____
Print Name

My Commission Expires: _____

ADD:

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"DUE PUBLIC NOTICE" FROM THE ZONING CODE.

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CITY OF DELTONA

APPLICATION FOR CONCURRENCY CERTIFICATE OF CAPACITY/INQUIRY

I. TYPE OF APPLICATION

__ **(COC)** Concurrency Certificate of Capacity __ **(COI)** Concurrency Certificate of Inquiry

Name of Development:_____

II. SUBJECT PROPERTY INFORMATION: Located on County Rd? __Yes __ No

Property Address: _____

Tax Parcel Number(s):

_____ - _____ - _____ - _____ **Size:**_____

_____ - _____ - _____ - _____ **Size:**_____

Section _____, Township _____ South, Range _____ East.

This property is located on the _____ side of _____ road approximately_____ feet/miles N, E, S, W of its intersection with _____ road. The property is near _____ in the City of Deltona.

Property Owner's Name(s):_____

Owners Mailing Address: _____

City/State/Zip: _____ Phone:_____

Or ___ See attached list of properties & owners *(multiple owners and/or properties).*

III. ALL COMMUNICATION CONCERNING THIS APPLICATION WILL BE DIRECTED TO THE UNDERSIGNED:

Applicant's Name:_____

Applicant's Status: Owner Attorney for Owner Agent for Owner Contract Purchaser

Mailing Address: _____

City/State/Zip: _____

Phone: _____ **Fax:**_____

Required fees must be paid at the time of filing. The applicant is responsible for submitting all information and exhibits in such form and completeness that will allow all reviewers to judge whether or not the subject development complies with all applicable regulations. Staff will determine the need or waive the requirement for a Traffic Study. **If the applicant is not the property owner, proper authorization must accompany this application.**

Applicant's Signature: _____ **Date:** _____

IV. REQUIRED FEES: Date:_____, Amt. Paid $_____, cash / ck. #_____, Initials_____

V. PLANNING AND ZONING: *(DO NOT WRITE IN THIS BOX -- for office use only)*

The above mentioned property has a current zoning classification of:_____. The proposed use of the property as _____

is a primary use **is** a conditional use or **is not** consistent with the current zoning classification.

Comprehensive Plan land use designation:_____

The proposed use **is** or is **not** consistent with the Comprehensive land Use Designation.

_____ _____

Signature & Title of Planning & Zoning Official Date

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WORKSHEET AND PROCEDURE FOR CONCURRENCY CERTIFICATE OF CAPACITY/INQUIRY

ARTICLE XIV – CONCURRENCY MANAGEMENT

The purpose of concurrency management is to provide the regulatory mechanism to ensure that public facilities and services needed to support the proposed development shall be available concurrent with the impact of such development. Criteria for levels of service for concurrency shall include: thoroughfare system roads, potable water facilities, sanitary sewer facilities, solid waste facilities, drainage facilities, park and recreation facilities, and mass transit facilities. All applicants seeking a Concurrency Certificate of Capacity (COC) or Concurrency Inquiry (COI) shall submit an application to the Department of Development Services Office. All fees must be paid at the time of submittal along with all the requirements listed below.

REQUIRED SUBMITTALS:

1. **PROJECT NAME:**_____

2. **TYPE OF DEVELOPMENT ORDER that the concurrency is being reviewed for:**

   PRELIMINARY: CPN PUD Rezoning Conditional Use Sketch Plan (SKP)
   Overall Development (S-ODP)

   FINAL: SITE PLAN: Final (FSP) SUBDIVISION PLAT: Preliminary (S-PPT) Final (S-FPT)

3. **PROPOSED LAND USE:**_____
   _____

4. **VICINITY MAP:** Provide eight (8) copies of a vicinity map at a scale of 1" = 200' or other scale approved by the Director of Development Services which shows the general perimeter of the development, adjacent properties, adjacent property driveways, the location of the main entrance of the development, points of ingress/egress, distances from adjacent property driveways, access to public roads, and nearest intersections.

5. **PROJECT DESCRIPTION:**

Phase Number:	**1**	**2**	**3**	**4**
1st C/O in Phase (Mo/Yr)	_____	_____	_____	_____
Last C/O in Phase (Mo/Yr)	_____	_____	_____	_____
Total Acreage in Phase	_____	_____	_____	_____
Dwelling Units in Phase	_____	_____	_____	_____
And/or Floor Area in Phase				
Use _____	_____	_____	_____	_____
Use _____	_____	_____	_____	_____

6. **TRAFFIC STUDY:** Included Not Necessary because:_____
   _____

7. **WATER & SEWER PROVIDER:**_____
   Attach letter(s) from utility providers affirming adequate capacity to serve the proposed development.

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CITY OF DELTONA
NOTARIZED AUTHORIZATION OF OWNER

I/We _____ as the
Print Owner's Name(s)

sole or joint fee simple title holder(s) of the property described as (parcel number and legal description): _____
_____
_____
_____
_____
_____

authorize _____ to act as my agent to seek a (*circle one*) conditional use; rezoning; variance, or _____ _____, on the above referenced property.

Property Address: _____

_____ _____
Owner's Signature *Owner's Signature*

Date:_____ Date:_____

_____ _____
Print or type name Print or type name

STATE OF FLORIDA
COUNTY OF VOLUSIA

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 – State of Florida

(*Notary Seal or stamp*) Date:_____

_____
Print or type name

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CITY OF DELTONA
CONCURRENCY CERTIFICATE OF CAPACITY / INQUIRY

I. TYPE OF CERTIFIATION:
__ **(COC)** Concurrency Certificate of Capacity __ **(COI)** Concurrency Certificate of Inquiry
Name of Development:_____
Proposed Use (type, size, # units, bldg. size, etc.):_____
_____

II. SUBJECT PROPERTY INFORMATION: Located on County Rd?
Property Address: _____ __ Yes __ No
Tax Parcel Number(s): Or __ See attached list of properties
_____ - _____ - _____ - _____ **Size:**_____

IV. CONCURRENCY REVIEW:
SOLID WASTE: __ OK __ NO,_____
PARKS: __ N/A __ OK __ NO,_____
SCHOOLS: __ N/A __ OK __ NO,_____
_____: __ OK __ NO,_____
TRAFFIC IMPACT: __ OK __ NO,_____
_____ LOS:_____ _____ LOS:_____
TRAFFIC STUDY: __ N/A __ ATTACHED _____
POTABLE WATER: Letters of Capacity __ OK __ NO, _____
SANITARY DISPOSAL: Letters of Capacity __ OK __ NO, _____
MASS TRANSIT: __ N/A __ OK __ NO, _____
VOLUSIA COUNTY COMMENT: __ N/A __ OK __ NO, _____

V. STORMWATER, DRAINAGE & ENGINEERING:
At this time, the proposed Development __ IS Concurrent
__ IS NOT Concurrent
Signature:_____ Date:_____
City Engineer, Director of Engineering Department

VI. CONCURRENCY DETERMINATION:
At this time, the proposed Development __ IS Concurrent
__ IS NOT Concurrent
Signature:_____ Date:_____
Development Review Manager, Planning Services Division

EXPIRATION DATE: This Certificate shall be valid for a period of two (2) years from the date of issuance of concurrent development order.