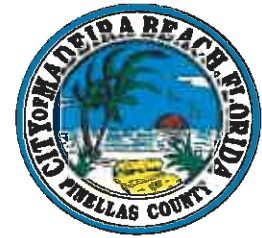




CITY OF MADEIRA BEACH
 300 MUNICIPAL DRIVE • MADEIRA BEACH, FLORIDA 33708
 PHONE (727) 391-9951 • FAX (727) 395-9361
 www.madeirabeachfl.gov



REZONING APPLICATION

Zoning Change.....\$1,000.00

***(If Applicant is NOT the property owner, signed and notarized authorization of this rezoning application from the land owner must be submitted with the rezoning application materials)**

***Applicant: Name and Address**

***Property Owner: Name and Address**

Telephone: _____

Telephone: _____

Application for the property located at: (Street Address or location of the vacant lot)

Legal Description: _____

Approximate Lot Area: _____ **Width:** _____ **ft.** **Depth:** _____ **ft.**

Present Use: _____

Proposed Use: _____

PLEASE attach required supporting materials (i.e. Survey, Narrative Response to the criteria upon which a rezoning to Planned Development is determined (see attached page), and any other materials the applicant wishes to present.

**ALL REZONING APPLICATIONS
FOR PLANNED DEVELOPMENT DISTRICT
SHALL SUBMIT A RESPONSE
TO THE CRITERIA LISTED BELOW**

1. **Consistency with the comprehensive plan.** All zoning district assignments shall be consistent with the comprehensive plan, including the future land use map and future land use element goals, objectives and policies. The zoning district assigned shall be consistent with the land use category of the future land use map.

2. **Land use compatibility.** The assigning of zoning districts shall promote the compatibility of adjacent land uses

3. **Adequate public facilities.** The assigning of zoning districts shall be consistent with the public facilities available to set the types of uses allowed in the proposed zoning district. The level of service standards shall be considered in assigning zoning districts and there shall be reasonable assurance that the demand for services allowed in the proposed zoning district can be met.

4. **Public interest.** Zoning district designations shall not be in conflict with the public interest and will promote the public health, safety and welfare.

5. **Consistency with Land Development Regulations.** Zoning district designations shall be consistent with the purpose and intent of these Land Development Regulations

CERTIFICATION

I hereby certify that I have read and understand the contents of this application, and that this application, together with all supplemental data and information, is a true representation of the facts concerning this request; that this application is made with my approval, as owner and applicant, as evidenced by my signature below.

It is hereby acknowledged that the filing of this application does not constitute automatic approval of the request; and further, if the request is approved, I will obtain all the necessary permits and comply with all applicable orders, codes, conditions, rules and regulations pertaining to the subject property.

I have received a copy Ordinance 1040 (attached), read and understand the reasons necessary for granting this application and the procedure, which will take place at the Public Hearing.

Date: _____ Property owner's signature: _____

Before me, this _____ day of _____, _____, appeared in person

_____ who, being sworn, deposes and says that the forgoing

(name of property owner)

is true and correct certification.

**STATE OF FLORIDA
COUNTY OF PINELLAS – NOTARY SIGNATURE**

Personally Known to me: _____ Commission Expires: _____

Stamp

Identification Taken: _____

NOTICE: Persons are advised that, if they decide to appeal any decision made at this hearing, they will need a record of the proceedings, and for such purpose, they 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.