



Department of Economic and Development Services

Planning & Zoning Division

P.O. Box 1366, Green Cove Springs, FL 32043

Phone: (904) 284-6300

www.claycountygov.com



Pre-Application Meeting Date:		CAC Meeting Date (if applicable):
Date Rec:	Received By:	IMS #:

REZONING APPLICATION

Owner's Name:		If the property is under more than one ownership please use multiple sheets.
Owner's Address:		
City:	State:	Zip Code:
Phone:	Email:	

Parcel & Rezoning Information

Parcel Identification Number:		
Address:		
City:	State:	Zip Code:
Number of Acres being Rezoned:	Current Zoning:	Current Land Use:
Proposed Zoning:	I am seeking a:	Permitted Use Conditional Use
Property Will be Used as:		

Required Attachments

Deed Survey Site Plan & Written Statement if Rezoning to PUD PCD PID BSC and PS-5
 Agents Authorization Attachment A-1 Owner's Affidavit Attachment A-2 Legal Description Attachment A-3
 Supplemental Development Questions if Rezoning to PUD PCD PID Attachment A-4

Notices

The required SIGN(S) must be POSTED on the property BY THE APPLICANT 21 days in advance of the date of the first required public hearing. The sign(s) may be removed only after final action of the Board of County Commissioners and must be removed within ten (10) days of such action. The applicant must also pay for the required public notice stating the nature of the proposed request which is required to be published in an approved newspaper AT LEAST 7 DAYS IN ADVANCE OF THE PUBLIC HEARING. Advertising costs are paid by the applicant directly to the newspaper and the applicant must furnish PROOF OF PUBLICATION to the Planning and Zoning Division, prior to the public hearing.

Hearings are held in the County Commission Chambers on the Fourth Floor of the Clay County Administration Building, 477 Houston Street, Green Cove Springs, Florida. You or your authorized agent **must be present**. If there are members of the public who wish to testify regarding your petition, they are normally allowed three (3) minutes.

If you decide to appeal any decision made by the Board of County Commissioners with respect to any matter considered at your rezoning hearing, you will need a record of the proceedings at your expense, and for such purpose you should 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.

The Florida Times Union will be publishing your rezoning legal notices. You must pre-pay your legal advertisement fees. An affidavit must be paid before receiving proof of publication. Should a petition be withdrawn, legal advertising already published will not be refunded.

Application Certification

I, hereby certify that I am the Owner or the authorized agent of the Owner(s) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made a part of this application, are accurate and true to the best of my knowledge and belief. I also attest by my signature that all required information for this rezoning application is completed and duly attached in the prescribed order. Furthermore, if the package is found to be lacking the above requirements, I understand that the application will be returned for correct information. I hereby acknowledge that the zoning requested is my choice and have reviewed and agreed to all conditions listed in this application and the requirements in Article(s) I, III, and XII of the Clay County Code.

Owner's Signature:

Date:

Printed Name:

The rest of this space is intentionally left blank

Clay County Rezoning Agent Authorization Affidavit – Attachment A-1

Date:

Clay County Board of County Commissioners

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366

Green Cove Springs, FL 32043

To Whom it May Concern:

Be advised that I am the lawful Owner of the property described in the provided legal description attached hereto. As the Owner, I hereby authorize and empower

whose address is:

Phone:

Email:

to act as agent for rezoning the property located at (address or Parcel ID):

and in connection with such authorization to file such applications, papers, documents, requests, and other matters necessary for such requested change.

Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

Printed Name of Owner:

Sworn to and subscribed before me this ____ day of _____ A.D. 20 _____

Personally known _____ or produced identification.

Type of identification produced _____ and number (#): _____

Signature of Notary

Date:

SEAL

Clay County Rezoning Property Ownership Affidavit – Attachment A-2

Date:

Clay County Board of County Commissioners

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366

Green Cove Springs, FL 32043

To Whom it May Concern:

Be advised that I am the lawful Owner of the property described in the provided legal description attached hereto. I give full consent to process the application for rezoning.

Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

Printed Name of Owner:

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Personally known _____ or produced identification.

Type of identification produced _____ and number (#): _____

Signature of Notary

Date:

SEAL

Legal Description – Attachment A-3