

## APPLICATION FOR REZONING / SPECIAL EXCEPTION PETITION

Sarasota County Planning & Development Services  
 1660 Ringling Boulevard 1<sup>st</sup> Floor / Sarasota, FL 34236 / 941.861.5140 / FAX 941.861.5593  
[www.scgov.net](http://www.scgov.net)

### PROPERTY DESCRIPTION

PARCEL IDENTIFICATION NUMBER	PARCEL ACREAGE
<input type="checkbox"/> Please check this box if there are additional numbers. Place these numbers under the additional information section on Page 4.	<b>SHORT LEGAL</b>
STREET ADDRESS	<input type="checkbox"/> Legal Provided in Electronic Format

### PETITION REQUEST

REZONING	SPECIAL EXCEPTION
<input type="checkbox"/> I/WE hereby petition the Board of County Commissioners of Sarasota County, Florida, to rezone the property described in this application  from _____  to _____  or such other district as the Board may deem appropriate, pursuant to Ordinance 2003-052, Sarasota County Zoning Ordinance, as codified in Appendix A of the Sarasota County Code .  <input type="checkbox"/> Please check this box if you would like to have the DCP for a rezoning to OPI, CN or CI to be stipulated as binding upon approval by the Board of County Commissioners.	<input type="checkbox"/> I/WE hereby petition the Board of County Commissioners of Sarasota County, Florida, to approve a special exception under Article # _____, pursuant to Ordinance No. 2003-052, Sarasota County Zoning Ordinance, as codified in Appendix A of the Sarasota County Code to permit the property described in this application and zoned _____ to be used as:  _____  I/WE understand a Development Concept Plan (DCP) is required with all applications. DCPs are binding for rezoning to a Planned District and for Special Exceptions.

### FOR STAFF USE ONLY

PETITION NO.	AMANDA NO.	PETITION PLANNER	PREAPPLICATION MEETING DATE	NEIGHBORHOOD WORKSHOP DATE
PREVIOUS PETITIONS ON PARCEL	FUTURE LAND USE MAP DESIGNATION	COMMUNITY PLAN (CP)	CRITICAL AREA PLAN (CAP)	DEVELOPMENT OF REGIONAL IMPACT (DRI)

**PRE-APPLICATION MEETING**

DATE OF MEETING OR WAIVER APPROVAL

\_\_\_\_\_

**NOTE:** A COPY OF THE SUMMARY LETTER OR APPROVED LETTER MUST BE SUBMITTED WITH THE APPLICATION.

**NEIGHBORHOOD WORKSHOP**

DATE OF THE NEIGHBORHOOD WORKSHOP

\_\_\_\_\_

TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

**RESOURCE PROTECTION**

IS HABITAT ON THE PROPERTY?

YES  NO

IF SO, IS HABITAT INFORMATION BEING PROVIDED?  YES  NO

**POTABLE WATER**

HOW WILL POTABLE WATER SERVICE BE PROVIDED?

- EXISTING WELL
- PROPOSED WELL
- SARASOTA COUNTY UTILITIES SYSTEM
- OTHER PUBLIC/PRIVATE SYSTEM

NAME: \_\_\_\_\_

HOW FAR AWAY IS THE CLOSEST WATER LINE TO THE SUBJECT PROPERTY?

\_\_\_\_\_

**WASTEWATER**

HOW WILL WASTEWATER SERVICE BE PROVIDED?

- EXISTING SEPTIC TANK
- PROPOSED SEPTIC TANK
- SARASOTA COUNTY UTILITIES SYSTEM
- OTHER PUBLIC/PRIVATE SYSTEM

NAME: \_\_\_\_\_

HOW FAR AWAY IS THE CLOSEST WASTEWATER SERVICE LINE TO THE SUBJECT PROPERTY?

IS REUSE WATER AVAILABLE TO THE PARCEL?

YES  NO

WILL REUSE WATER BE UTILIZED BY THE PROPOSED DEVELOPMENT?

YES  NO

IF YES, AN ISOLATED/SEPARATED REUSE STORAGE POND MAY BE REQUIRED.

IS SUCH PROVIDED?  YES  NO

WILL AN AUGMENTATION BE UTILIZED AS A BACKUP FOR REUSE WATER?

YES  NO

**HEALTH DEPARTMENT**

IS THERE AN EXISTING WELL ON THE PROPERTY?  YES  NO

IF YES, SHOW THE WELL ON THE CONCEPT PLAN AND INDICATE THE INTENDED DISPOSITION OF THE WELL.

IS THERE AN EXISTING SEPTIC SYSTEM (OSTDS) ON THE PROPERTY?  YES  NO

IF YES, SHOW THE SEPTIC SYSTEM ON THE CONCEPT PLAN AND INDICATE THE INTENDED DISPOSITION OF THE SEPTIC SYSTEM.

**WATER RESOURCES**

ARE THERE ANY ABOVE OR BELOW-GROUND FUEL STORAGE TANKS OR OTHER HAZARDOUS MATERIAL LOCATED ON THE PROPERTY?

YES  NO

ARE THERE ANY OLD LANDFILLS, DUMPS OR CATTLE DIPPING VATS LOCATED ON THE PROPERTY?  YES  NO

IF ANY HAZARDOUS MATERIALS ARE PROPOSED TO BE USED OR STORED ON SITE, INCLUDE A COPY OF THE PLANNED BEST MANAGEMENT PRACTICES WITH THE APPLICATION.

**WATER PLANNING AND REGULATORY**

IDENTIFY THE FEMA FLOOD ZONE OF THE SUBJECT PARCEL AND THE PANEL NUMBER.

\_\_\_\_\_

IS PROPERTY SUBJECT TO PERIODIC OR REGULAR FLOODING/STANDING WATER?

YES  NO

IF YES, PROVIDE A NARRATIVE DESCRIBING FLOODING/STANDING WATER ISSUES.

PROVIDED  NOT PROVIDED

IS THERE AN EXISTING DRAINAGE EASEMENT OR DRAINAGE RIGHT-OF-WAY?

PRIVATE  PUBLIC  NONE

IF THERE IS A STORMWATER MANAGEMENT SYSTEM LOCATED ON THE SUBJECT PARCEL, IS IT SHOWN ON THE CONCEPT PLAN?

YES  NO

WHAT IS THE DIRECTION OF STORMWATER FLOW ON THE SUBJECT PARCEL

\_\_\_\_\_

IS THE SITE LOCATED IN A COUNTY DESIGNATED FLOODPLAIN?  YES  NO

IF YES, HOW MUCH OF THE SITE IS LOCATED IN THE FLOODPLAIN AND HOW WILL FLOODPLAIN COMPENSATION BE ADDRESSED FOR THE SITE? PROVIDE DOCUMENTATION WITH THIS APPLICATION.

\_\_\_\_\_

WHICH WATERSHED IS THE SITE LOCATED IN?

\_\_\_\_\_

ARE YOU AWARE OF ANY FLOODING / DRAINAGE PROBLEMS IN THE VICINITY OF YOUR SITE? IF YES, PLEASE DESCRIBE THIS IN NARRATIVE.  YES  NO

\_\_\_\_\_

**PUBLIC WORKS MOBILITY**

IS ACCESS TO THE PARCEL TO BE FROM A PUBLIC ROAD(S)?  YES  NO

IF NO, PROVIDE A COPY OF A RECORDED, DEEDED EASEMENT, CROSS-ACCESS AGREEMENT, OR OTHER PROOF OF LEGAL ACCESS WITH THIS APPLICATION.

PROVIDED  NOT PROVIDED

PURSUANT TO THE COUNTY'S ADOPTED TRAFFIC IMPACT STUDY CRITERIA AND METHODOLOGY (RESOLUTION No. 98-169), DEVELOPMENT SATISFYING ONE OR MORE OF THE FOLLOWING CRITERIA SHALL BE PRESUMED TO REQUIRE A TRAFFIC IMPACT ANALYSIS PRIOR TO THE COUNTY MAKING TRANSPORTATION CONCURRENCY FINDINGS:

- 1) DEVELOPMENT IS EXPECTED TO GENERATE 100 OR MORE NET NEW PM PEAK HOUR TRIPS;
- 2) DEVELOPMENT HAS A CONNECTION, EITHER DIRECTLY OR VIA A NETWORK OF LOCAL OR PRIVATE ROADS, TO A COLLECTOR OR ARTERIAL ROADWAY THAT IS CURRENTLY OPERATING BELOW ITS ADOPTED LEVEL OF SERVICE BASED ON GENERALIZED ANALYSIS OF EXISTING TRAFFIC AND TRAFFIC FROM APPROVED-BUT-NOT-YET-BUILT DEVELOPMENT; OR
- 3) DEVELOPMENT HAS A CONNECTION, EITHER DIRECTLY OR VIA A NETWORK OF LOCAL OR PRIVATE ROADS, TO A DESIGNATED BACKLOGGED OR CONSTRAINED ROADWAY.

IF THE APPLICANT KNOWS OR IS UNCERTAIN IF THE PROPOSED DEVELOPMENT SATISFIES ANY OF THESE CRITERIA, THE APPLICANT SHOULD CONTACT PUBLIC WORKS TRANSPORTATION PLANNING STAFF FOR A FINAL DETERMINATION WHETHER A STUDY IS REQUIRED. IF A TRAFFIC IMPACT ANALYSIS IS REQUIRED, IT SHALL BE PREPARED BASED ON A WRITTEN METHODOLOGY THAT HAS BEEN AGREED-UPON BETWEEN THE APPLICANT AND THE COUNTY STAFF.

BASED ON THE ABOVE-CITED CRITERIA, IS A TRANSPORTATION STUDY, ALONG WITH THE AGREED-UPON METHODOLOGY, PROVIDED?

YES  NO

**SCHOOL CAPACITY DETERMINATION**

THIS PRELIMINARY CAPACITY REVIEW SHALL APPLY TO APPLICATIONS FOR COMPREHENSIVE PLAN AMENDMENTS, REZONE PETITIONS AND PRELIMINARY SITE PLANS FOR PROPOSED RESIDENTIAL DEVELOPMENT. THIS NON-BINDING REVIEW ANALYZES STUDENT GENERATION RELATIVE TO EXISTING SCHOOL CAPACITIES AND CAPACITIES PLANNED WITHIN THE DISTRICT'S CURRENT FIVE-YEAR CAPITAL FACILITIES WORK PLAN.

IF RESIDENTIAL, HAS A LETTER OF RECEIPT FROM THE SCHOOL BOARD BEEN OBTAINED?  
 YES  NO

**HOUSING**

WILL THE PROPOSED DEVELOPMENT INCLUDE ANY AFFORDABLE/WORKFORCE HOUSING?  
 YES  NO

IF SO, HOW MANY AFFORDABLE/WORKFORCE HOUSING UNITS ARE PROPOSED?  
\_\_\_\_\_

WHAT INCOME RANGE(S) WILL BE SERVED (WHAT WILL BE THE SALE PRICE OF THE UNITS?)  
\_\_\_\_\_

FOR MORE INFORMATION REGARDING THIS PLEASE CONTACT THE COMMUNITY HOUSING MANAGER AT 915-8780.

**RESIDENTIAL INFORMATION**  
NUMBER & TYPES OF UNITS  
\_\_\_\_\_

PRICE RANGE EXPECTED ON RESIDENTIAL UNITS  
\_\_\_\_\_

CONSTRUCTION START DATE \_\_\_\_\_

FIRST OCCUPANCY DATE \_\_\_\_\_

BUILD OUT DATES \_\_\_\_\_

**HISTORY CENTER**

WILL THE PROPOSED PROJECT RESULT IN THE RENOVATION OR DEMOLITION OF ANY EXISTING STRUCTURES?  YES  NO

IF YES, INDICATE ON THE DEVELOPMENT CONCEPT PLAN THE DISPOSITION OF ANY EXISTING STRUCTURES.

ARE THERE ANY KNOWN ARCHAEOLOGICAL SITES ON THE PROPERTY?  YES  NO

IF SO, WHAT IS THE SITE'S FLORIDA MASTER SITE FILE IDENTIFICATION NUMBER?  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY THE PETITION REQUEST. PLEASE PROVIDE ADDITIONAL PROPERTY IDENTIFICATION NUMBERS (PINS)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE MAKE AN APPOINTMENT TO SUBMIT YOUR APPLICATION. CALL 941-861-5140.**

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT AN APPOINTMENT.**

**DISCLOSURE OF OWNERSHIP OR OTHER INTEREST IN THE PROPERTY**

The Sarasota County Charter requires disclosure of those who own and/or have an interest in property proposed for rezoning or special exception. This includes owners, lessees, beneficiaries, and contract purchasers. For any entity other than a publicly traded corporation, the disclosure information must include the names of all persons having interests in the subject property, and the percentage of ownership held by each person. Please provide name(s), mailing address(es), and street address(es) for all persons. Please check all that apply for every owner, lessee, beneficiary, and contract purchaser.

If owner, part owner, lessee, beneficiary, or purchaser is:

- Individual. Indicate name exactly as recorded and list all other owners
- Partnership, limited or business entity. Name owners and percentage held by each
- Corporation other than a public corporation, name all shareholders and percentage held by each
- Trust. Name beneficiaries and percentage held by each
- Other \_\_\_\_\_

Please attach additional notarized sheets as needed for each of the above types of ownership to ensure that all required information is submitted. In addition, for a lessee, attach a copy of the signed lease; for a contract purchaser, attach a copy of the signed contract.

**OWNER AFFIDAVIT**

I \_\_\_\_\_, being first duly sworn, depose and say that I am the owner of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketches, data, and other supplementary matter attached to and made part of this application, are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before a hearing can be advertised. I further permit the undersigned agent to act as my representative in any matter regarding this petition. I authorize County staff to visit the site as necessary for proper review of this petition. If there are any special conditions such as guard dogs, locked gates, restricted hours, etc., please give the name and phone number of someone who can allow access.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TYPE OF ID \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFOR ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TYPE OF ID \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFOR ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**AUTHORIZED AGENT**

The Agent may be the Owner or another person designated by the Owner. The Agent is the official representative and contact for all matters related to the processing of the petition by the County. All communications will be to the authorized agent, with copies of all letters sent to the property owner.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TYPE OF ID \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFOR ME THIS \_\_\_\_\_

DAY OF \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

## BILLABLE FEE PAYMENT AGREEMENT

Petition Number: \_\_\_\_\_

I/WE agree to pay all the costs associated with processing this rezoning or special exception petition. Payment is due within 15 days of receipt of an invoice, and all processing of the petition will stop if payments, including advances, are not made within 15 days. All funds that remain at the end of the processing will be returned to the entity which paid funds to the County. A petition is considered complete once the Board of County Commissioners has rendered a decision and the change has been recorded on the official zoning maps, or the petition has been withdrawn by the Applicant.

Name(s): \_\_\_\_\_

Billing address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ State \_\_\_\_\_

**I understand and agree to the conditions outlined in this agreement, and certify that all the information I have provided is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of ID \_\_\_\_\_

**LEGAL DESCRIPTION(S)** \_\_\_\_\_

**A LEGIBLE LEGAL DESCRIPTION OF THE SUBJECT PROPERTY IS REQUIRED.  
YOUR PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.**

**A TEXT VERSION OF THE LEGAL DESCRIPTION CAN BE PROVIDED ON THIS PAGE  
(ADDITIONAL PAGES IF NECESSARY).**

**AN ELECTRONIC VERSION OF THE LEGAL DESCRIPTION IN MICROSOFT WORD  
MUST BE SUBMITTED ON COMPACT DISK (CD).**