salue cer	OSCEOLA COUNTY			
Sec.	COMMUNITY DEVELOPMENT APPLICATION			
	Osceola County Board of County Commissioners Community Development Department 1 Courthouse Square, Suite 1400 Kissimmee, Florida 34741 Phone (407) 742-0200 Fax (407) 742-0205	Application No: Date Received: DRC Meeting: OCPC Meeting: BOA Meeting: BCC Meeting:		
<u>Submittal Type</u>	Applicant:			
□ Administrative Waiver	Name:			
□ Comprehensive	Firm:Address:			
Plan Amendment	Email:			
Concurrency Management	Phone:Fax:			
$\Box$ Dimensional	Agent (Contact Person):			
Variance	Name:			
□ Conditional Use	Firm:			
🗆 Easement	Address:			
Vacation	Email:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:_Fax:			
Home Occupation				
Land Variance Land Classing	<u>Owner:</u>			
□ Land Clearing Permit	Name:			
$\Box$ Lot Split	Firm:			
□ Noise Variance	Address: Email:			
$\Box$ Planned	Phone:Fax:			
Development				
□ Plat Vacation	Project:			
□ Re-aggregation	Project Name:			
□ Road R/W	Parcel ID No(s):			
	Total Acreage:			
□ Site Development Plan	Site Address:			
Soil Excavation	General Location:			
$\Box$ Preliminary				
Subdivision	<b>Full Legal Description:</b> Provide a complete legal description property as well as Plat Book and Page (if applicable)			
Final Subdivision	within the project boundary. (Deeds of record are available)			
□ Transfer of	digital CAD file of the boundary survey in AutoCAD or			
Development Rights	the street address.			
□ Variance From LDC				
□ Zoning Map				
Amendment				
□ FEMA MT-1 □FEMA MT-2	Request:			
$\Box$ Flood Permit				
$\Box$ Floodzone				
determination/PRP				
□Land Alteration				
□				



## Osceola County Zoning Map Amendment Application Instructions

Osceola County Board of County Commissioners 1 Courthouse Square, Site 1400, Kissimmee, FL 34741 Phone: (407) 742-0200

This package is intended to provide you with the information necessary for you to complete an application for a Zoning Map Amendment. The information requested to be a part of your application represents the minimum requirements for submittal under the Osceola County Land Development Code. You are encouraged to submit whatever additional information you feel necessary to enhance the reviewers understanding of what is being proposed.

Following this page is the Zoning Map Amendment application. You are encouraged to take advantage of working directly on electronic copies of our form. This application must be completed and submitted to the Community Development Department along with the required fee and additional information necessary to be considered by the Community Development staff.

Below is a detailed Zoning Map Amendment Checklist which lists all of the information required to be included with your application in order for it to be processed. If staff determines within three business days the information submitted is not complete or in conformity with the checklist you will be advised and the application will not be scheduled for review until all information is received. The requirements for this information can be found in Chapters 2 and 3 of the Osceola County Land Development Code. The Land Development Code may be viewed on our Website (www.osceola.org). You are encouraged to study the appropriate portions of the Code before proceeding with your application. You are also encouraged to use the outline of this checklist as your table of contents for your application. In that way, you will know that your packet contains all of the information required by the Code.

\*A Project Coordinator will work with you throughout the application process and will provide you information about any meetings and public hearings that may affect your application. Our objective in this process is to make it as clearly understandable as possible so that you are able to secure all the approvals you seek in a timely manner.

## ZONING MAP AMENDMENT SUBMITTAL CHECKLIST

- □ Community Development Application-(Universal Cover sheet for all Development Applications)
- □ Zoning Map Amendment Application
- Authority/ Ownership Affidavit: The name of all parties having interest in the subject property, or certification that the applicant is authorized to sign the application as the agent pursuant to the Osceola Land Development Code, Chapter 2, Section 2.1.2. All letters of authorization must be notarized.
- □ Parcel Number: Include parcel number of subject property. Parent parcel number may be referenced.
- □ Legal Description: A legal description of the subject property sufficiently detailed so as to locate said property on county maps or aerial photographs sufficient for recording in public records. If the application includes multiple contiguous parcels, the legal description shall describe the perimeter boundary of the total area, but need not describe each individual parcel, unity of title is necessary however. Any legal description, which is not sufficiently detailed so as to locate said property on County maps, shall be rejected and owner may be required to provide a certified survey boundary sketch.
- □ Include a boundary survey (if applicable).
- □ Area Location Map: The location of the subject property indicated on a map or an aerial photograph. This map shall reference known major streets and geographic features with sufficient clarity as to be recognizable by the general public.
- Existing State of the Parcel: A map or visual display that depicts all existing structures, easements, rights-of-ways, platted roads, rights of ingress and egress, drainage easements, drainage swales, etc. and any other features existing on the land in question.
- □ Affidavit: If buildings or structures exist on the property, the applicant shall submit an affidavit that the buildings and structures will be removed or that the proposed use of the building, structures, and land is, or will be, in compliance with all applicable requirements of the Land Development Code.
- □ Number of Copies: One (1) original application and Two (2) folded copies of all supporting documents.
- □ Provide Proof of Ownership: A copy of the tax bill or a print out from the Property Appraiser's office is required.
- □ Application Fee

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See 2	Zoning Map Amendment Application		
	Osceola County Board of County Commissioners Community Development Department 1 Courthouse Square, Suite 1400 Kissimmee, Florida 34741 Phone (407) 742-0200	Application No: Date Received: DRC Meeting: OCPC Meeting: BOA Meeting:	
Submittal Type		BCC Meeting:	
<ul> <li>Community</li> <li>Development</li> <li>Application</li> </ul>	Project Name:         Contact Name:         Project Information:         Current Zoning District:         Current Use(s):	ture Land Use:	
<ul> <li>Zoning Map</li> <li>Amendment</li> <li>Application</li> </ul>	Proposed Zoning District: Proposed Use(s): Proposed Density:		
□ Authority/ Ownership Affidavit	Proposed Intensity: Prior/Related Applications (if applicable): Site Information:		
Proof of Ownership	Name of Access Road:Is the Road County Maintained:Is the	Road Paved	
□ Legal Description	Is the Access Road designed to Urban or Rural Standards		
□ Area Location Map	Utility Providers: Existing Well Proposed Well Utility Provider	Utility System	
<ul> <li>Affidavit regarding existing structures</li> </ul>	**NOTE: Pursuant to Policy 1.1.3 Sanitary Sewer Element of the Comprehensive Plan all new development within the adopted Urban Growth Boundary shall be required to connect to central sanitary sewer systems, except in situations where the development of fewer than 4 adjacent single family residential lots is proposed and these services do not exist within 200 feet.		
□ Application fees \$2,400.00	Certification:         I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that I am:         Landowner: A landowner or his/her agent where authorized in writing, provided however that: Where the fee owner has entered into a contract for the sale of the property, whether it be an agreement for deed, sales contract, or otherwise, then the purchaser may initiate the application when specifically authorized in the contract to do so or by another legal document authorizing same. Where there is more than one owner, then all such owners must jointly initiate the application or petition         Trustee: Where the property is subject to a land trust agreement, the trustee may initiate the application when the trustee has submitted evidence that he/she is authorized by the trust document to do so, either individually or with other trustees.         Corporation/Partnership: Where the fee owner is a corporation or partnership then the president or general partner may initiate the application and must provide proof that the corporation or partnership exists including Certificate from Secretary of State stating that the corporation is in good standing.         Association: Where the fee owner is an association, the association or its governing body may appoint an agent, in writing, to initiate the application on behalf of the association. Proof that the association exists must accompany the application.		
	Signature:Date:		
	Printed Name:	Title:	



## OSCEOLA COUNTY AGENT AUTHORIZATION FORM

I/we, as the owner(s) of real property in Osceola County, Florida, which is described below do hereby authorize the following person or persons to act as my/our agent to execute any petitions, applications, or other documents necessary to affect the application approval requested and more specifically described below, and to appear on my behalf before any administrative or legislative body in the County concerning the application(s) and to act in all respects as my/our agent in matters pertaining to the requested application(s).

Agent Informati	on (PLEASE PRINT)		
	Name(s):		
	Company:		
	Phone:	Email:	
Requested Appli	ication(s):		
Subject Property	(PLEASE PRINT)		
	Address:		
	Parcel ID:		
	Legal Description:		
Property Owner	(s) Information (PLEASE PRINT	)	
	Property Owner Name(s):		
	Address:		
	Phone:	Email:	
Signed Authorize	ation		
DATE	SIGNATURE	PRINTED NAME OF PROPERTY OWNER	
STATE OF FLORIDA COUNTY OF OSCEOL	A		
	nent was acknowledged before me by 20 by	means of $\Box$ physical presence or $\Box$ online notarization, this	day of
		NOTARY PUBLIC, State of Florida	
(NOTARY SEAL)			
Personally Know	OR Produced Identification		

Type of Identification Produced: