

APPLICATION FOR ANNEXATION, LAND USE PLAN AMENDMENT AND/OR ZONING CHANGE

Please check all that apply to this request:	FOR CITY USE ONLY
☐ Annexation into the City of Dunedin	APPLICATION NO.:
☐ Land Use Plan Amendment	DATE RECEIVED:
☐ Zoning Change	FEE RECEIVED:
	7 REPRESENTATIVE INFORMATION
OWNER'S NAME:	
ADDRESS/CITY/STATE/ZIP:	
PHONE:E	MAIL:
APPLICANT'S NAME:	
ADDRESS/CITY/STATE/ZIP:	
PHONE:A	PPLICANT EMAIL:
REPRESENTATIVE'S NAME:	
	MAIL:
	ERTY INFORMATION
PROPERTY ADDRESS OR LOCATION:	
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).:	
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).: & SQUARE GROSS ACRES (AC): & SQUARE	FEET (SF):
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).: & SQUARE GROSS ACRES (AC): & SQUARE	
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).: & SQUARE GROSS ACRES (AC): & SQUARE CURRENT LAND USE PLAN DESIGNATION:	FEET (SF):
PROPERTY ADDRESS OR LOCATION: & SQUARE GROSS ACRES (AC): & SQUARE CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION:	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION:
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).: & SQUARE GROSS ACRES (AC): & SQUARE CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION:	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).: & SQUARE GROSS ACRES (AC): & SQUARE CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION: OWNE I hereby certify that this application is a true representation of the	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION e facts concerning this request. In the event that the applicant/representative is
PROPERTY ADDRESS OR LOCATION: & SQUARE GROSS ACRES (AC): & SQUARE CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION: OWNE I hereby certify that this application is a true representation of the different from the owner, I hereby authorize	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION e facts concerning this request. In the event that the applicant/representative is to act on my behalf in representing this petition.
PROPERTY ADDRESS OR LOCATION: & SQUARE GROSS ACRES (AC): & SQUARE CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION: OWNE I hereby certify that this application is a true representation of the different from the owner, I hereby authorize	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION e facts concerning this request. In the event that the applicant/representative is to act on my behalf in representing this petition. automatic approval by the City Commission. If the request is approved, I will
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).: GROSS ACRES (AC): CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION: OWNE I hereby certify that this application is a true representation of the different from the owner, I hereby authorize I understand that the filing of this application does not constitute	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION e facts concerning this request. In the event that the applicant/representative is to act on my behalf in representing this petition. automatic approval by the City Commission. If the request is approved, I will
PROPERTY ADDRESS OR LOCATION: & SQUARE GROSS ACRES (AC): & SQUARE CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION: OWNE I hereby certify that this application is a true representation of the different from the owner, I hereby authorize I understand that the filing of this application does not constitute obtain all necessary permits and comply with all applicable code	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION e facts concerning this request. In the event that the applicant/representative is to act on my behalf in representing this petition. automatic approval by the City Commission. If the request is approved, I will
PROPERTY ADDRESS OR LOCATION:	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION e facts concerning this request. In the event that the applicant/representative is to act on my behalf in representing this petition. automatic approval by the City Commission. If the request is approved, I will as and regulations pertaining to the use of the subject property. Printed Name: day of , 20 by
PROPERTY ADDRESS OR LOCATION: TAX PARCEL ID NUMBER(S).: GROSS ACRES (AC): CURRENT LAND USE PLAN DESIGNATION: PROPOSED LAND USE PLAN DESIGNATION: OWNE I hereby certify that this application is a true representation of the different from the owner, I hereby authorize I understand that the filing of this application does not constitute obtain all necessary permits and comply with all applicable code Signature of Owner: The foregoing instrument was acknowledged before me on this who is persor	**FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: **R'S CERTIFICATION** **e facts concerning this request. In the event that the applicant/representative is to act on my behalf in representing this petition. automatic approval by the City Commission. If the request is approved, I will es and regulations pertaining to the use of the subject property. **Printed Name:
PROPERTY ADDRESS OR LOCATION:	FEET (SF): & ZONING DISTRICT DESIGNATION: & ZONING DISTRICT DESIGNATION: R'S CERTIFICATION e facts concerning this request. In the event that the applicant/representative is to act on my behalf in representing this petition. automatic approval by the City Commission. If the request is approved, I will as and regulations pertaining to the use of the subject property. Printed Name: day of , 20 by

APPLICATION FOR ANNEXATION, LAND USE PLAN AMENDMENT AND/OR ZONING CHANGE

Application Number: _____ Location: _____



SUBMITTAL REQUIREMENTS [To be submitted at time of application. All documents must be submitted electronically.]

- 1. **Application Form**: Completed, signed and notarized.
- 2. **Title Certification Letter:** Certification by a title company or the title opinion of an attorney licensed in Florida showing present titleholder of record and initial date of acquisition, no more than 60 days old. Deeds, title insurance documents, tax bills, etc. are not acceptable.
- 3. **Property Survey:** A recent (less than one year old) Boundary Survey of the property including full legal description.
- 4. **Letter of Justification**: Please prepare a detailed statement with your justification for annexation, land use plan amendment, and/or zoning change.
- 5. Fees: Make check payable to City of Dunedin.

Annexation: No charge Rezoning: \$1,500

Land Use Plan (LUP) Amendment: \$1,500 Rezoning & LUP Amendment: \$2,000

Letter of Notice: Once your completed application package is received, the Community Development Department will prepare the schedule for the Local Planning Agency (LPA) and City Commission meetings, and send to you via email. A Letter of Notice will also be prepared for you with instructions to send to property owners within 500 feet of your property. This requirement must occur at least 14 days prior to the first public hearing.

APPLICANT SUBMITTAL ACKNOWLEDGMENT

Application must be submitted as per the Application Process with all requirements at time of submittal. City Commission hearings will be scheduled as permitted and are dependent upon additional City public hearings.

- Quasi-Judicial procedures apply (with sufficient notice; interested parties have the right for a fair opportunity to be heard; interested parties have the right to an impartial decision-maker; initial burden is placed upon the interested parties to ensure that proper record of the proceeding is preserved).
- Failure of the owner/applicant/representative to appear and present substantial evidence under oath at all scheduled public hearings shall be cause to deny the request due to lack of evidence.

- The owner/applicant/representative may not have any ex-parte contact (outside of the public hearings) with any board member or City Commissioner regarding this application.
- An informational sign will be posted on the property referencing the request and public hearing date.
 Signage must be maintained as posted and shall only be removed by city staff after the hearings.
- If any person decides to appeal the decision made by the board, he or she may need to ensure that a verbatim record of the proceedings is made per Florida Statute 286.0105.
- All data and exhibits submitted with this application become a permanent part of the public records.

ACKNOWLEDGEMENT

	FUL	LY	UND	ER	IATE	ΝD	THA	١T	ΑP	PR(NC.	٩L	OF	T	HIS
ΑP	PLI(CATIO	ON I	BY ⁻	ГНЕ	LOC	AL	PL/	٩NN	IINC	3 A	GEI	NCY	(L	PA)
ΑN	D (CITY	C	MC	IISS	ION,	IF	G	RA	NTE	Đ,	DO	DES	١	TO
CO	NS ⁻	TITU	TE F	INA	L AF	PRC	AVC	L.							

Signature of Owner/Applicant/Representative		
Printed Name	Date	

Please submit application and requirements to:

Joan McHale, Business Manager Community Development Department jmchale@dunedinfl.net

Any questions, please contact Frances Leong-Sharp at fsharp@dunedinfl.net or (727) 298-3200.

Website: www.dunedingov.com