



# **APPLICATION FOR CONVENTIONAL REZONING**

**ORANGE COUNTY PLANNING AND ZONING COMMISSION (PZC)**

**ORANGE COUNTY PLANNING DIVISION**

**201 S. ROSALIND AVENUE, ORLANDO, FL 32801**

**407-836-5600**

## **Instructions to the Applicant**

### **SECTION 1: GENERAL INFORMATION**

**VERY IMPORTANT:** The Applicant must submit the application and all supporting information as required below in person. This application cannot be accepted unless all pages of this application and required documentation are provided and the Planning Division completes Section 5. Submission of incomplete applications will not be accepted nor determined to meet the application filing deadline. All rezoning requests shall be consistent with the Orange County Comprehensive Plan (OCCP). All required application documents shall be originals; no copies or facsimiles shall be accepted. (No staples)

#### **REQUIRED DOCUMENTATION**

- Legal description of the subject property
- Property Appraiser's Map highlighting the subject property  
(Property Appraiser website, include owner info page)
- Boundary Survey or Site Plan
- Agent Authorization Form(s)
- Relationship Disclosure Form(s)
- Specific Project Expenditure Report(s)
- Incorporation document(s) (if applicable)
- Warranty Deed(s) (if applicable).
- OCPS Formal School Capacity Determination (if applicable)

\*Additional documents may be requested in order to facilitate the rezoning request\*

#### **AGENT AUTHORIZATION FORM**

If the applicant is not the owner of record of the property, the owner must complete and sign the attached **Agent Authorization Form** included with this application packet. If there are multiple property owners, a separate **Agent Authorization Form** is required for each owner.

#### **RELATIONSHIP DISCLOSURE FORM (RDF)**

For all development-related project applications, Relationship Disclosure Forms shall be completed by the principal or the principal's authorized agent (when accompanied by an Agent Authorization Form on file with the County) and shall be submitted to the department processing your application prior to the development-related item being considered for review and/or approval by Orange County. It is required for this application.

#### **SPECIFIC PROJECT EXPENDITURE REPORT (SPER)**

The Specific Project Expenditure Report (SPER) is a report of all lobbying expenditures incurred by the principal and his/her agent and the principal's lobbyist, contractors, and consultants, if applicable, for certain projects or issues that will come before the BCC. It is required for this application.

#### **COMMUNITY MEETING**

If a Community Meeting is required, the applicant shall be responsible for the payment of all invoiced facility rental fees at least one (1) week prior to the meeting date. Additionally, if a meeting is required, the public hearing date based on the filing deadline may be unattainable and the rezoning may be scheduled for the next available public hearing date.

## **PUBLIC NOTIFICATION & SITE VISIT**

The Applicant is required to place one or more **posters** on the property that displays information related to the proposed rezoning. The Planning Division will notify the Applicant when the posters are available for pick-up. Failure to post the property according to the instructions may result in a postponement of the hearing. The cost of materials to place the poster(s) on the property is the responsibility of the applicant.

Surrounding property owners will be notified of the request by mail. It may benefit you to meet with surrounding property owners prior to the public hearing date.

This application hereby authorizes Orange County Planning Division staff to enter upon the property at any reasonable time for the purpose of a site visit in connection with the review of this application.

## **PUBLIC HEARING**

All application deadline dates are strictly enforced. A Public Hearing schedule is attached.

**The Applicant or an authorized representative must be present at the PZC Public Hearing.** If the applicant is not present, the PZC may continue or deny the request. If continued, there will be an additional fee.

The PZC may impose conditions, restrictions, or specific waivers on any rezoning request at the Public Hearing.

## **BCC CONFIRMATION**

The Board of County Commissioner's (BCC) will confirm the entirety of the PZC recommendation at a BCC meeting within one month of the PZC public hearing. The rezoning is not considered effective until the BCC has acted on the PZC Recommendation.

## **APPEALS**

Appeals of the decision of the Planning and Zoning Commission may be made to the Board of County Commissioners within fifteen (15) calendar days from the date of that PZC decision. Appeals must be filed with the Planning Division; appeal forms are located at the Planning Division office or online at [www.ocfl.net](http://www.ocfl.net).

## **REFUNDS**

If the Applicant withdraws their application prior to the preparation of the newspaper advertisement, they may request a partial refund that will be equal to half of the application fee. If the Applicant withdraws the application after the preparation of the newspaper advertisement, all fees are non-refundable.

If the Applicant requests a continuance, time and date not determined, for more than two (2) calendar months, the applicant will forfeit the original application fee and will be required to pay a fee equal to the current application fee prior to requesting the application to proceed.

If the Applicant delays or causes a delay or request that the application be continued and re-advertisement is required, the applicant shall be responsible for the re-advertisement fee of \$200.00.

## **SECTION 2: FEES** (effective October 1, 2017)

- Rezoning fee (except PD) = \$1,531.00
- Appeal of PZC decision = \$483.00
- Re-advertisement Fee = \$200.00

All payments are made payable to "Orange County BCC" and are due upon submittal of an application.

**SECTION 3: APPLICANT/OWNER CERTIFICATION**

I, \_\_\_\_\_ (Applicant's Printed Name), have read Sections 1 and 2 of this application, understand Orange County's submittal requirements for this application, and all information provided in Section 4 is accurate and factual.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: To be completed by Applicant (please print)**

Applicant Information		Property Owner Information <small>(if a corporation/trust, include the name of an authorized contact as listed in the corporation or trust documents)</small>	
Name:		Name:	
Company:			
Address:		Address:	
Phone:		Phone:	
Fax:		Fax:	
Email Address:		Email Address:	

Parcel IDs # (required): \_\_\_\_\_

Current Zoning: \_\_\_\_\_ to Proposed Zoning: \_\_\_\_\_

Current Use(s):		Pre-Application Meeting:	
Previous Use(s):		Property Acreage:	_____ ac.

Is this rezoning associated with a proposed Comprehensive Plan Amendment? Yes \_\_\_ No \_\_\_  
If yes, provide amendment information below:

Comprehensive Plan Amendment #:		Comprehensive Plan Amendment Request:	
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Detailed reason for request and proposed use (required):

\_\_\_\_\_  
\_\_\_\_\_

Does the owner own any adjacent parcels? Yes \_\_\_ No \_\_\_ If yes, list the Parcel ID Number(s) below:

\_\_\_\_\_

**SECTION 5: (To be completed by the Planning Division)**

Orange County Comprehensive Plan - Future Land Use Map (OCCP FLUM) designation -- \_\_\_\_\_

A. \_\_\_\_\_ The proposed request is consistent with the OCCP FLUM designation or is consistent with a proposed Comprehensive Plan amendment, as indicated above.

B. \_\_\_\_\_ The proposed request is inconsistent with OCCP Future Land Use Policy FLU8.1.1. The Planning Division has advised the Applicant that the request is inconsistent with the OCCP FLUM designation.

Planning Division Reviewer \_\_\_\_\_ Date \_\_\_\_\_



# 2019 Planning & Zoning Commission Public Hearing Schedule

## Filing Deadline Date

## Public Hearing Date

December 7, 2018	January 17, 2019
January 4, 2019	February 21, 2019
February 8, 2019	March 21, 2019
March 8, 2019	April 18, 2019
April 5, 2019	May 16, 2019
May 3, 2019	June 20, 2019
June 7, 2019	July 20, 2019
July 5, 2019	August 15, 2019
August 2, 2019	September 17, 2019
September 6, 2019	October 17 2019
October 4, 2019	November 21, 2019
November 1, 2019	December 19, 2019
December 6, 2019	January 16, 2020

### ▶▶ IMPORTANT APPLICANT INFORMATION ◀◀

The **Applicant** is required to place one or more **posters** on the property. Orange County will notify the **applicant** when to pick up the poster(s). Failure to post the property according to the instructions may result in a postponement of your hearing. **All posters shall be picked up two weeks prior to the public hearing date.**

This application hereby authorizes Orange County Planning Division Staff to enter upon the property at any reasonable time for the purpose of a site visit in connection with the review of this application.

The **Applicant** or an **authorized representative** must be present at the PZC Public Hearing. If the applicant is not present, the PZC may continue or deny the request.

The PZC may impose specific restrictions on any rezoning request at the Public Hearing.

Appeals of the decision of the Planning and Zoning Commission may be made to the Board of County Commissioners within fifteen (15) calendar days from the date of that PZC decision. Appeals must be filed with the Planning Division; appeal forms may be located at the Planning Division office or online at [www.ocfl.net](http://www.ocfl.net).

You may contact the Planning Division for assistance with your application at the following numbers:

PZC Administrative Staff **407-836-5632** or the Planning Division **407-836-5600 (Main Line)**

*When inquiring about your application, please reference this case number:*

**Case #: RZ - \_ \_ - \_ \_ - \_ \_ \_ \_**

# AGENT AUTHORIZATION FORM

FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA



I/WE, (PRINT PROPERTY OWNER NAME) \_\_\_\_\_, AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, \_\_\_\_\_, DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), \_\_\_\_\_, TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, \_\_\_\_\_, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.

Date: \_\_\_\_\_  
Signature of Property Owner \_\_\_\_\_  
Print Name Property Owner \_\_\_\_\_

Date: \_\_\_\_\_  
Signature of Property Owner \_\_\_\_\_  
Print Name Property Owner \_\_\_\_\_

STATE OF FLORIDA :  
COUNTY OF \_\_\_\_\_ :

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of Florida

My Commission Expires: \_\_\_\_\_

<b>Legal Description(s) or Parcel Identification Number(s) are required:</b>
<b>PARCEL ID(s) #:</b>
<b>LEGAL DESCRIPTION:</b>

*For Staff Use Only:*  
Initially submitted on \_\_\_\_\_  
Updated on \_\_\_\_\_  
Project Name (as filed) \_\_\_\_\_  
Case Number \_\_\_\_\_

**RELATIONSHIP DISCLOSURE FORM**  
**FOR USE WITH DEVELOPMENT RELATED ITEMS, EXCEPT THOSE WHERE THE**  
**COUNTY IS THE PRINCIPAL OR PRIMARY APPLICANT**

This relationship disclosure form must be submitted to the Orange County department or division processing your application at the time of filing. In the event any information provided on this form should change, the Owner, Contract Purchaser, or Authorized Agent(s) must file an amended form on or before the date the item is considered by the appropriate board or body.

For  
staff  
use  
only

**Part I**

**INFORMATION ON OWNER OF RECORD PER ORANGE COUNTY TAX ROLLS:**

Name: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

\_\_\_\_\_

Business Phone (    ) \_\_\_\_\_

Facsimile (    ) \_\_\_\_\_

**INFORMATION ON CONTRACT PURCHASER, IF APPLICABLE:**

Name: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

\_\_\_\_\_

Business Phone (    ) \_\_\_\_\_

Facsimile (    ) \_\_\_\_\_

**INFORMATION ON AUTHORIZED AGENT, IF APPLICABLE:**

**(Agent Authorization Form also required to be attached)**

Name: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

\_\_\_\_\_

Business Phone (    ) \_\_\_\_\_

Facsimile (    ) \_\_\_\_\_

*For Staff Use Only:*  
Initially submitted on \_\_\_\_\_  
Updated on \_\_\_\_\_  
Project Name (as filed) \_\_\_\_\_  
Case Number \_\_\_\_\_

**Part II**

**IS THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?**

\_\_\_ YES \_\_\_ NO

**IS THE MAYOR OR ANY MEMBER OF THE BCC AN EMPLOYEE OF THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT?**

\_\_\_ YES \_\_\_ NO

**IS ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC? (When responding to this question please consider all consultants, attorneys, contractors/subcontractors and any other persons who may have been retained by the Owner, Contract Purchaser, or Authorized Agent to assist with obtaining approval of this item.)**

\_\_\_ YES \_\_\_ NO

If you responded "YES" to any of the above questions, please state with whom and explain the relationship:

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(Use additional sheets of paper if necessary)

*For Staff Use Only:*  
Initially submitted on \_\_\_\_\_  
Updated on \_\_\_\_\_  
Project Name (as filed) \_\_\_\_\_  
Case Number \_\_\_\_\_

**Part III**  
**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature of Owner, Contract Purchaser  
or Authorized Agent

Date: \_\_\_\_\_

Print Name and Title of Person completing this form: \_\_\_\_\_

STATE OF FLORIDA :  
COUNTY OF \_\_\_\_\_ :

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of Florida  
My Commission Expires:  
\_\_\_\_\_

Staff signature and date of receipt of form

\_\_\_\_\_  
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.



*For Staff Use Only:*

Initially submitted on \_\_\_\_\_

Updated On \_\_\_\_\_

Project Name (as filed) \_\_\_\_\_

Case or Bid No. \_\_\_\_\_

**ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT**

**This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.**

**This is the initial Form: \_\_\_\_\_**

**This is a Subsequent Form: \_\_\_\_\_**

For  
staff  
use  
only

**Part I**

**Please complete all of the following:**

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls): \_\_\_\_\_

Name and Address of Principal's Authorized Agent, if applicable: \_\_\_\_\_

**List the name and address of all lobbyists, consultants, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)**

1. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_
2. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_
3. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_
4. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_
5. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_
6. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_
7. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_
8. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No \_\_\_

*For Staff Use Only:*

Initially submitted on \_\_\_\_\_

Updated On \_\_\_\_\_

Project Name (as filed) \_\_\_\_\_

Case or Bid No. \_\_\_\_\_

**Part II**  
**Expenditures:**

For this report, an "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- Any other contribution or expenditure made by or to a political party;
- Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, consultants, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

Date of Expenditure	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
<b>TOTAL EXPENDED THIS REPORT</b>			\$

*For Staff Use Only:*

Initially submitted on \_\_\_\_\_

Updated On \_\_\_\_\_

Project Name (as filed) \_\_\_\_\_

Case or Bid No. \_\_\_\_\_

**Part III**

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of  Principal or  Principal's Authorized Agent  
(*check appropriate box*)

**PRINT NAME AND TITLE:** \_\_\_\_\_

STATE OF FLORIDA :  
COUNTY OF \_\_\_\_\_ :

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ . He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of Florida  
My Commission Expires: \_\_\_\_\_

Staff signature and date of receipt of form \_\_\_\_\_  
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.