

*W***INTER HAVEN**

The Chain of Lakes City

City of Winter Haven Request for Change of Zoning

1. Application and filing fees for zoning change requests may be obtained from the Planning Division, located in City Hall, 451 Third Street NW, Winter Haven, Florida 33881 or online at www.mywinterhaven.com.
2. Fill out the application in full. Submit it, the filing fee, and the proof of ownership to the Planning Division. Your request for consideration of a zoning change will be scheduled for Planning Commission review upon administrative determination that your application is complete and accurate.
3. The Planning Commission generally meets the first Tuesday of the month at 6:00 p.m. The meeting is held at City Hall in the John Fuller Auditorium. Public notice is given for all Planning Commission hearings.
4. Nine members serve on the Planning Commission; five is a quorum. A majority vote, in the affirmative, is required to forward a positive recommendation to the City Commission.
5. The Planning Commission serves to make recommendations to the City Commission. Final determination is made by the City Commission.
6. Whether the Planning Commission makes a positive or negative recommendation, the request is still forwarded to the City Commission. City Commission review schedules are based upon administrative determination that information is complete and accurate and upon City Commission scheduling guidelines.
7. The City Commission meets every second and fourth Monday of the month at 6:30 p.m. Hearings and meetings are conducted in the John Fuller Auditorium at City Hall.
8. The City Commission considers the request in the form of an Ordinance on first reading.
9. The City Commission holds a public hearing on second reading and either approves or disapproves the ordinance. Approval on second reading completes the application process. Disapproval on second reading constitutes denial of the application.

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The Chain of Lakes City

City of Winter Haven Application for a Zoning Change

Planning Division
451 Third Street, NW
Winter Haven, Florida 33881
Telephone: 863-291-5600

For Official Use Only:

Date Received: _____ Fee Received: _____

Case Number: _____ Meeting Date: _____

Contact Information:

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone: _____ Email: _____

Name of Agent (if applicable): _____

Mailing Address: _____

Phone: _____ Email: _____

Property Information:

Location of Property: _____

Parcel Identification Number(s): _____

Legal Description (attach description if applicable): _____

Total Acreage: _____

Interest in Property: _____

Current Zoning Designation: _____

Type of Zoning Requested: _____

Existing Structures on Site: _____

If Structure is Vacant, For How Long: _____

I. Please Address the Following:

1. Identify natural features and their characteristics: topography, soils, natural vegetation, wetlands, water bodies, and any other feature.

2. Identify substantial changes that have occurred in the character or development of areas in and near the area under consideration for rezoning.

3. List all intended uses, services, and activities proposed. For residential projects provide anticipated density.

4. Identify the suitability of the particular uses for the site and for the general area in which the uses would be located.

5. Explain how the proposed zoning change contributes to the conservation and improvement of property values in the adjacent area and throughout the City.

6. Identify any environmental constraints on the site and whether or not the property contains threatened or endangered plant or animal habitat and species.

7. Identify flood zones as applicable: _____

8. Is the requested zoning district and the allowable uses within the requested district, consistent with the policies of the Comprehensive Plan?

Ownership Signature:

STATE OF FLORIDA:

COUNTY OF POLK:

(I) (We) _____
Being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission and City Commission with respect to preparing and filing this petition and that the foregoing statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF FLORIDA:

COUNTY OF POLK:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED OR PRINTED NAME OF NOTARY PUBLIC

STAMP & DATE MY COMMISSION EXPIRES: _____

Agent, Lessee, or Buyer's Signature Page

(I) (We), _____ being duly

sworn, depose and say that (I) (we) serve as _____ for the
(Agent or Lessee)

owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity. Further, (I) (we) depose and say that the statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statements and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

Agent, Lessee, or Buyer(s)

Signature of Agent, Lessee, or Buyer(s)

Signature of Agent, Lessee, or Buyer(s)

Printed Name of Agent, Lessee, or Buyer(s)

Printed Name of Agent, Lessee, or Buyer(s)

Signature of Agent, Lessee, or Buyer(s)

Signature of Agent, Lessee or Buyer(s)

Printed Name of Agent, Lessee, or Buyer(s)

Printed Name of Agent, Lessee, or Buyer(s)

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED OR PRINTED NAME OF NOTARY PUBLIC

STAMP & DATE MY COMMISSION EXPIRES: _____