

CITY OF WINTER HAVEN

REQUEST FOR CHANGE OF ZONING

1. Applications and filing fees for zoning change requests may be obtained from the Planning Department, located in City Hall, 451 Third Street, NW, Winter Haven, FL 33881.
2. Fill out the application in full. Submit it, the filing fee, and proof of ownership to the Planning Department. 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 meets the first Tuesday of the month at 7:00 p.m. and workshops are held the Tuesday prior to the hearing at 5:30 p.m. Both meetings are held in City Hall. The workshop sessions are held in the conference room, while the hearings are conducted in the John Fuller Auditorium. Public notice is given for all Planning Commission hearings and workshops.
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 7:30 p.m. Workshops are held at 8:30 a.m. the Friday prior to the Monday hearing. Once again, workshops are held in the City Hall conference room and hearings/meetings are conducted in the John Fuller Auditorium, 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, which occurs approximately 10 working days following the first reading, and either approves or disapproves the ordinance. Approval on second reading completes the application process, whereupon the Building Department may consider an application for a building permit under the new zoning classification. Disapproval on second reading constitutes a denial of the application.

City of Winter Haven

Application For A Zoning Change

For Official Use Only:

Date Received: _____
Received By: _____
Case Number: _____

Fee Received: _____
Receipt Number: _____
Meeting Date: _____

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone Number: _____

Name of Agent (if applicable): _____

Mailing Address: _____

Phone Number: _____

Interest in Property: _____

Type of Zoning Requested: _____

LOCATION OF PROPERTY

Address: _____

Parcel Identification Number (18 digit property tax account number): _____

Legal Description (if not enough space, please attach): _____

Total Acreage: _____

Present Zoning: _____

Present Future Land Use Designation: _____

Present Use of the Property: _____

Existing Structures on Site: _____

If Structure is Vacant, For How Long: _____

APPLICATION FOR ZONING CHANGE

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A. 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 in the character or development of areas in and near the area under consideration for rezoning.

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

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

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

6. Identify flood zones as applicable. _____

7. Is the requested zoning and allowable uses within the requested district consistent with the policies of the Comprehensive Plan? Identify and explain any inconsistencies between the requested zoning amendment and the Comprehensive Plan.

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8. Identify the transportation Level of Service (LOS) standard of adjacent streets.

9. Identify how the proposed use(s) of the requested zoning district comply with the intent of that particular zoning district.

10. Provide justification that there is insufficient- land already zoned for uses permitted within the requested zoning district, which would serve City population and economic activities.

B. Please identify development impacts for known proposed uses (if there is no specific use proposed for the site, please state) .

1. Identify traffic impacts that would be generated by the proposed use.

2. Identify water and sewer capacities and capabilities to serve the proposed development (improvements may be necessary based on capacity).

3. Address ground water protection as applicable (i.e. if fuel tanks are utilized) . Will the property be utilized for storage or processing, of hazardous or flammable materials?

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D. Please provide the following documents:

1. General location map.
2. Utility, fire hydrant, right-of-way, and easement location map.
3. Property boundary survey, if available.
4. Map and description of adjacent zoning districts and existing and future land use patterns.

NOTE: Applicants may be required to provide additional material, regarding the proposed zoning request, in order to determine any impacts of the zoning change.

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 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 has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED OR PRINTED NAME OF NOTARY PUBLIC

NOTARY PUBLIC SERIAL #, IF ANY

STAMP & MY COMMISSION EXPIRES: _____

Agent, lessee, or buyer signature

STATE OF FLORIDA:
COUNTY OF POLK:

(I)(WE) _____
being duly sworn, depose and say that (I) (WE) serve as _____ for the owner(s) in
AGENT or LESSEE

making this petition and that the owner(s) has(have) authorized (me) (us) to act in this capacity. (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the Planning 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 has produced

_____ as identification and who (did) (did not) take an oath.

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