



OSCEOLA COUNTY 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: _____

Submittal Type

- Administrative Waiver
- Comprehensive Plan Amendment
- Concurrency Management
- Dimensional Variance
- Conditional Use
- Easement Vacation
- Home Occupation
- Land Variance
- Land Clearing Permit
- Lot Split
- Noise Variance
- Planned Development
- Plat Vacation
- Re-aggregation
- Road R/W Vacation
- Site Development Plan
- Soil Excavation
- Preliminary Subdivision
- Final Subdivision
- Transfer of Development Rights
- Variance From LDC
- Zoning Map Amendment
- FEMA MT-1
- FEMA MT-2
- Flood Permit
- Floodzone determination/PRP
- Land Alteration
- _____

Applicant:

Name: _____
Firm: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

Agent (Contact Person):

Name: _____
Firm: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

Owner:

Name: _____
Firm: _____
Address: _____
Email: _____
Phone: _____ Fax: _____

Project:

Project Name: _____
Parcel ID No(s): _____
Total Acreage: _____
Site Address: _____
General Location: _____

Full Legal Description: Provide a complete legal description. Include the complete parcel number of the property as well as Plat Book and Page (if applicable) or attach a copy of the deed(s) of record for all lands within the project boundary. (Deeds of record are available from the County Clerk's office.) You may submit a digital CAD file of the boundary survey in AutoCAD or Micro station compatible format. If applicable include the street address.

Request:



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



OSCEOLA COUNTY

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Submittal Type

- Community Development Application
- Zoning Map Amendment Application
- Authority/Ownership Affidavit
- Proof of Ownership
- Legal Description
- Area Location Map
- Affidavit regarding existing structures
- Application fees \$1850.00

Project Name: _____

Contact Name: _____

Project Information:

Current Zoning District: _____ Current Future Land Use: _____

Current Use(s): _____

Proposed Zoning District: _____

Proposed Use(s): _____

Proposed Density: _____

Proposed Intensity: _____

Prior/Related Applications (if applicable): _____

Site Information:

Name of Access Road: _____

Is the Road County Maintained: _____ Is the Road Paved _____

Is the Access Road designed to Urban or Rural Standards _____

Utility Providers:

Existing Well _____ Proposed Well _____ Utility System _____

Utility Provider _____

****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.

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: _____

Authorized Signer

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 Information (PLEASE PRINT)

Name(s): _____
Company: _____
Phone: _____ Email: _____

Requested Application(s): _____

Subject Property (PLEASE PRINT)

Address: _____
Parcel ID: _____
Legal Description: _____

Property Owner(s) Information (PLEASE PRINT)

Property Owner Name(s): _____
Address: _____
Phone: _____ Email: _____

Signed Authorization

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

STATE OF FLORIDA
COUNTY OF OSCEOLA

The forgoing document was (or affirmed) and subscribed to before me this _____ day of 20____ by _____
Who is personally known to me or who produced _____ as identification.

Public Notary Seal:

Signature of Notary

Notary # _____
My Commission Expires: _____