



GROWTH MANAGEMENT DEPARTMENT
DEVELOPMENT SERVICES
201 SE 3rd Street, Second Floor, Ocala, FL 34471
Phone: (352) 629-8404 Fax: (352) 629-8242
Email: gmd@ocalafl.org Website: www.ocalafl.org

REQUEST FOR PUD or PD AMENDMENT
(Planned Unit Development or Planned Development) (\$1,000)

Administrative review: (\$400)

Due Date: First Monday of each month, 5 p.m., for the meeting on the second Monday of the following month.

1. Name of Petitioner(s): _____

Address of Petitioner(s): _____

City _____ State _____ Zip Code _____ Phone _____

FAX: _____ E-Mail: _____

2. a. Parcel account number (from tax roll): _____

b. Legal description of the property to be rezoned (attachment may be used) :

NOTE: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided. An electronic file of the legal description in Word format must be submitted with the application.

c. Section _____ Township _____ Range _____ Size of Property _____

d. Residential PUD _____ Mixed Use PUD _____ Office PUD _____

e. Proposed density: _____ units per acre.

3. Street address, or street and avenue location of the property in question.

4. a. Present Land Use Designation: _____

b. Present Zoning District: _____

5. Description of the request: _____

6. The following items are required. The application will not be processed if these items do not accompany the application.
- a. Deed or other proof of ownership.
 - b. Notarized signature of the current property owner(s) and the agent’s signature if applicable.
 - c. The appropriate fee in cash or check (Payable to the City of Ocala).
 - d. Site Plan (1 copy and electronic file in .pdf format)
 - e. Pre-hearing Conference with City Staff
 - f. Electronic file of legal description in Word format

I, _____, being first duly sworn, affirm and say that I am the
Owner’s Name (print)
owner of the property described above.

Owner’s Signature

Owner’s Address

Phone Number

City, State, Zip Code

NOTARIZATION FOR OWNER’S SIGNATURE

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,

by _____, who is personally known to me or who has produced

_____ as identification and who did / did not take an oath.

NOTARY PUBLIC
Commission No. _____
Commission Expires: _____

I, _____, am the legal representative of the owner and am
Agent's Name (print)
authorized to speak in his behalf for the subject matter.

AGENT'S SIGNATURE

AGENT'S ADDRESS (Street)

Phone Number

City, State, Zip Code

AGENT'S EMAIL ADDRESS

FOR ASSISTANCE OR INFORMATION, PLEASE CALL (352) 629-8404.

**ATTENDANCE at the public hearing by the applicant
Or agent as designated in writing IS MANDATORY.**

STAFF USE ONLY:

- | | | |
|--|------------|-----------------|
| a. Date received | date _____ | signature _____ |
| b. Petition contains all required information. | date _____ | signature _____ |
| c. Petition is consistent with the zoning code. | date _____ | signature _____ |
| d. Petition is consistent with the comprehensive plan. | date _____ | signature _____ |
| e. Site lies within an historic district. _____ | date _____ | signature _____ |
| f. Petition rejected. _____ (See attached reason) | date _____ | signature _____ |
| g. Petition accepted. Case number assigned. _____ | date _____ | signature _____ |
| h. Land Use Case No. assigned. _____ | date _____ | signature _____ |