



City of Ocala
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

REZONING REQUEST
(\$1,250)

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 # _____ Email address _____

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

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

c. Legal Description: (Please attach)

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.

3. Street address of the property (if the property has no street address the Planning & Zoning Division will complete this section):

4. a. Present Land Use designation: _____

b. Present Zoning District: _____

c. Requested 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) & the agent's signature, if applicable
- c. The appropriate fee in cash or check (Payable to the City of Ocala)
- d. Electronic file of legal description in Word format

I, _____, being first duly sworn, affirm and say that I am the owner of the property described above.

Owner's Signature

Address (Street)

Phone Number

City, State, Zip Code

State of _____

County of _____

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.

NOTARY PUBLIC

Commission No.: _____

Commission Expires: _____

I, _____, am the legal representative of the owner and I am authorized to speak in his/her behalf for the subject matter.

Agent's Signature

Address (Street)

Phone Number

City, State, Zip Code

Email Address

ATTENDANCE at the public hearing by the applicant
or agent (as designated in writing) **IS MANDATORY**

STAFF USE ONLY:

a. Date received: _____

b. Petition contains all required information: Y N

c. Petition is consistent with the zoning code: Y N

d. Petition is consistent with the comprehensive plan: Y N

e. Site lies within an historic district: Y N

 If yes, what district: _____

f. Petition rejected: Y N (see attached reason)

g. Petition accepted: Y N Case #: _____

h. Land use: Case #: _____