



# The City of Melbourne



Planning & Economic Development p&z@melbourneflorida.org  
900 E. Strawbridge Avenue • Melbourne, FL 32901 • Phone: (321) 953-6209

## APPLICATION FOR ZONING, REZONING

Date Received: \_\_\_\_\_ Rezoning No.: \_\_\_\_\_

This application must be completed and returned to the Planning and Economic Development Department of the City of Melbourne, Florida, along with all required documents. The application will then be reviewed by staff and referred to the Melbourne Planning and Zoning Board for study and recommendation to the City Council. A change in zoning usually takes about 16 weeks.

1. APPLICANT NAME: (Print) \_\_\_\_\_  
CONTACT PERSON: (If Corporation) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

2. OWNER OF PROPERTY: (Print) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

3. If Applicant or Owner cannot attend the Planning and Zoning Board and/or City Council meetings, please list the name of the Representative who will make the presentation, answer questions, or make decisions for the Applicant or Owner.

REPRESENTATIVE NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

4. Parcel ID Number (Property ID Number):  
TWP: \_\_\_\_\_ RNG: \_\_\_\_\_ SEC: \_\_\_\_\_ SUBD: \_\_\_\_\_  
BLK: \_\_\_\_\_ PARCEL/LOT: (if applicable) \_\_\_\_\_  
Tax Account Number(s): \_\_\_\_\_  
Total Acreage: \_\_\_\_\_

5. Future Land Use:  
 City: \_\_\_\_\_  County: \_\_\_\_\_

6. Zoning:  
Existing  City \_\_\_\_\_  County \_\_\_\_\_  
Proposed: \_\_\_\_\_

7. Highway and Street Boundaries: \_\_\_\_\_
8. Number of Units: \_\_\_\_\_ Density: \_\_\_\_\_
9. Intended use of the property: \_\_\_\_\_
10. Is the project proposed as an affordable housing development: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, submit Notice of Affordable Housing Project)
11. Are you also requesting a Conditional Use? \_\_\_\_\_ If yes, for what use? \_\_\_\_\_
12. What, if any, structures are currently located on the property: \_\_\_\_\_
13. The following items are needed to complete this application for Public Hearing:
- a. \_\_\_\_\_ Two signed and Sealed Certified Surveys of the specific area in question, if not a recorded Plat, including a metes and bounds legal description with exact acreage.
  - b. \_\_\_\_\_ \$794.00 Plus \$25.00 per acre for fraction thereof. (Round up)
  - c. \_\_\_\_\_ \$210.00 Legal Advertisement Fee
  - c. \_\_\_\_\_ Affidavit of Ownership (if applicable).
  - d. \_\_\_\_\_ Two (2) copies of the Environmental Impact Assessment per Appendix D, Chapter 9, Article IV, City Code, when submitted with a site plan. If the site is already developed, please submit an official request for exemption pursuant to City Code, Appendix D, Chapter 9, Article IV.

\_\_\_\_\_ I AM THE OWNER

\_\_\_\_\_ I AM THE LEGAL REPRESENTATIVE OF THE OWNER (Attach Affidavit of Ownership) of the property described which is the subject matter of this application. Under penalties of perjury, I declare that I have read said application and all sketches and data and matter attached to and made a part of said application are honest and true to the best of my knowledge and belief. I understand that by signing this document, I am giving the City or agent thereof the authority to duplicate, disseminate, and reproduce any and all items submitted as part of this request, whether copyrighted or not.

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By \_\_\_\_\_ (Applicant) who is personally known to me or produced I.D. and did take an oath.

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at Large  
My Commission Expires: \_\_\_\_\_