



CITY OF NORTH PORT

Development Services
Planning Division
4970 City Hall Boulevard
North Port, FL 34286-4100
www.northportfl.gov
Phone (941) 429-7156

DATE RECEIVED – DATE STAMP

Annexation Packet

The following items are to be included in the submission:

- Annexation Application
- Affidavit(s)
- Annexation Checklist
- Annexation Fee Sheet
- Billable Fee Payment Agreement

Note

Please be advised that each application is considered a separate petition and will be reviewed as such. Packets will not be processed if incomplete or missing requested information.

If there is more than one property owner of the subject property, all owners must complete an affidavit.

There are additional costs included with this application. Fees for legal advertisements and adjacent property owner notifications will be billed to the applicant at actual cost. These costs shall be paid in full before any development orders/orders of approval are issued.

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City of North Port

Neighborhood Development Services

4970 City Hall Boulevard, North Port, FL 34286

Phone: (941) 429-7156 Fax: (941) 429-7164

Web www.northportfl.gov

VOLUNTARY ANNEXATION (ANX) AMENDMENT APPLICATION

Upon making any application to the City for any reason, the applicant agrees to comply with all the requirements of the Unified Land Development Code and further agrees to allow authorized city staff and personnel to enter and inspect the property during normal business hours

Project Name: _____ **Project Number:** _____

Name of Applicant:

Name of Corporation/LLC (If Applicable):

Street Address:

City: _____

State: _____ **Zip Code:** _____

Phone: _____

FAX No: _____

E-mail: _____

Name of Property Owner: *(if different from the applicant above)*

Street Address:

City: _____

State: _____ Zip Code: _____

Phone: _____

FAX No: _____

E-mail: _____

Name of Architect: *(If Applicable)*

Street Address:

City: _____

State: _____ Zip Code: _____

Phone: _____

FAX No: _____

E-mail: _____

Name of Engineer: *(If Applicable)*

Street Address:

City: _____

State: _____ Zip Code: _____

Phone: _____

FAX No: _____

E-mail: _____

Name of Attorney: (If Applicable)

Street Address:

City: _____

State: _____ Zip Code: _____

Phone: _____

FAX No: _____

E-mail: _____

Name of Surveyor: (If Applicable)

Street Address:

City: _____

State: _____ Zip Code: _____

Phone: _____

FAX No: _____

E-mail: _____

Name of Contractor: (If Applicable)

Street Address:

City: _____

State: _____ Zip Code: _____

Phone: _____

FAX No: _____

E-mail: _____

Property Description

Parcel I.D. No. (s) (List Additional Parcel ID's on an attached sheet)

_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____

Look for attached sheet

Land Use: _____

FLU: _____

Acreage: _____

Street Address:

Legal: Lot(s): _____ Block: _____

Addition: _____ Tract or Parcel: _____

Subdivision:

Section: _____ Township: _____

Range: _____ Acreage: _____

Purpose of Application:

Please briefly state what the intended use of the property will be and/or purpose of application:

Has this property undergone previous City development review and approval?

No: _____ Yes: _____

If yes, when? (Month/Date/Year) _____/_____/_____

Has this property this property received variance, waiver or special exception use permit approval?

No: _____ Yes: _____

If yes, please describe: _____

Is the property located in an Activity Center or Town Center?

No: _____ Yes: _____

If yes, which Activity Center: _____

Existing land use (e.g., house, commercial structure, vacant): _____

Is the property designated as a “Future Annexation Area” on the Comprehensive Plan’s *Future Land Use Map*?

No: _____ Yes: _____

Surrounding existing land uses/zoning of adjacent properties:

Direction	Existing Land Uses	Future Land Use Map Designation	Zoning Map Designation
North			
South			
East			
West			

Adopted Future Land Use Map Designation:

Proposed Future Land Use Map Designation:

Adopted Zoning Map Designation:

Proposed Zoning Map Designation:

Provide the following information relative to the proposed annexation: *If Property to be annexed has existing development, please provide a detailed written narrative describing the existing uses on the site.*

_____ Total acres

_____ Total wetland acres

FIRE & RESCUE:

Nearest Fire Hydrant: _____ (feet)

TRAFFIC:

List the Roadways immediately serving the site:

List the Roadways serving this site with existing or anticipated curb-cuts (driveways) and if any, designate on site plan:

Nearest:

Traffic Control Light: _____ (feet) Stop Sign: _____ (feet)

UTILITIES:

How will Potable Water service be provided? *Please contact North Port Utilities (941) 240-8000.*

_____ Private Well *(Submit a letter or application from the Sarasota County Department of Health.)*

_____ North Port Utilities *(Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)*

How will Sanitary Sewer service be provided? Please contact North Port Utilities (941) 240-8000.

_____ Private Septic System (If the property is located within the Conservation Restricted Overlay Zone, a class 1 aerobic water treatment system is required for single family home sites. Submit a letter or application to the Sarasota County Department of Health.)

_____ North Port Utilities (Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)

STORMWATER:

Please contact the City Stormwater Manager/Environmentalist at (941) 240-8321.
(Flood Information can be found at <http://www.northportfl.gov> Search: Flood Update)

Is the application site in a FEMA Hazardous Flood Zone?

No: _____ Yes: _____

If yes, what zone?

Is the application site in the Conservation Restricted Zone?

No: _____ Yes: _____

If yes, what zone?

Is the application site in the Big Slough Watershed Flood Zone?

No: _____ Yes: _____

If yes, what is the 100-year 1-day flood elevation? _____ ft. NGVD

Does the application site contain wetlands?

No: _____ Yes: _____

If yes, how many existing wetland acres: _____

Has the Departmental of Environmental Protection been notified of wetlands?

No: _____ Yes: _____

Is the property located in the Myakka River Protection Zone?

No: _____ Yes: _____

Is the property adjacent to the Myakka River jurisdictional wetlands?

No: _____ Yes: _____

If yes, please provide acreage and map of the area and schedule a meeting with City Stormwater Manager/Environmentalist. Look for attached sheet

ENVIRONMENTAL:

Are there any known Historical or Archaeological sites on the property?

(If unsure, please contact Sarasota County – Division of Historical Resources, (941) 316-1115.)

No: ____ Yes: ____

Please describe: _____

Has an Environmental Assessment Report/Review been prepared for this property?

No ____ Yes ____ Date survey was conducted: _____

Does the property contain gopher tortoise burrows, scrub jay habit, or any plant or animal species listed as “rare”, “threatened”, “endangered”, or “species of special concern” by State and /or Federal agencies? If yes, the applicant will be required to produce documents on how listed species or habitats will be protected or managed at the Site Development stage.

No: ____ Yes: ____

If yes, please indicate which species: _____

All information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

Print Applicant Name

Checklist of Required Submittal Items:

ANNEXATION (SECTION 53-22 D)

Item 1: Application

Application form Provided by the City. The name of the attorney preparing any legal documents. The zoning classifications and future land use designation for the subject property, as well as for all abutting property.

Item 2: Ownership Documentation (Section 53-22 D.2; Mark those that Apply)

- a. Title Assurance or Current Deed, in the form of either a title certification by an attorney or a title insurance policy will be required. This title will match the Boundry Survey of **Item 4**.
- b. Letter of Authorization, a notarized letter signed by all owners of the property authorizing the applicant to submit and be responsible for the application, if applicant is not the owner.
- c. Ownership and Unified Control, a notarized statement of ownership or unified control of the entire subdivision.
- d. Articles of Corporation/Organization, a set of formal documents filed with a government body to legally document the creation of a corporation. If Corporation or LLC is applicable it is necessary for the City to be aware of such business ties. Articles of incorporation must contain pertinent information such as the firm's name, street address, agent for service of process, and the amount and type of stock to be issued.

Item 3: Project Narrative (Section 53-22 D.1)

Provide a brief explanation of the project in plain language. Describe the development and its operations, (hours of operation, deliveries, parking, sign locations and dimensions, etc.).

Item 4: Boundary Survey (Section 53-22 D.9)

A legal description and boundary survey signed and sealed by a registered land surveyor in the State of Florida. The survey shall reflect a recent title search performed within six (6) months of the submission.

Item 5: Certificate of Payment of Taxes (Section 53-22 D.3)

Certificate of payment of taxes and assessment.

Item 6: Utilities letter (Section 53-22 D.4)

A written commitment letter from the agency responsible for providing central sewer and water utilities in the City to connect the property to an existing central sewer and water system.

If central sewer and/or water is not available, submission of an approved septic tank and/or well permit from the Department of Health and Rehabilitative Services.

Item 7: Environmental (Section 53-22 D.5)

Environmental assessment report prepared by a professional environmental scientist, which shall include the date of the assessment, if applicable.

Item 8: Transportation Impact (Section 53-22 D.6)

Transportation impact analysis prepared by a registered professional, to verify that the report was performed in accordance with the ULDC, Chapter 5, if applicable.

Item 9: Aerial Map (Section 53-22 D.7)

Aerial map of an area that clearly depicts the property under current consideration.

Item 10: Site Plan (Section 53-22 D.8)

Site plan showing the site and any improvements, present or future to be considered. Site plans shall be signed and sealed by a Florida licensed engineer.

Digital files: (Section 53-22 D.10)

The entire submittal package, in PDF format, can be emailed to developmentpetitions@northportfl.gov or uploaded to an approved FTP site.

Please submit all project related spatial information in either CAD .dwg , GIS Shapefile or File Geodatabase format as well. The data must have coordinates in at least 4 corners of the petition area. The Coordinate system must be: A Projected Coordinate System, State Plane, NAD 1983 State Plane Florida West FIPS 0902 (US Feet).



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Name of Applicant: _____

Name of Corporation/LLC (If Applicable):

Phone: _____

FAX No: _____

E-mail: _____

Property Location Street Address: _____

Property Description

Parcel I.D. No. (s) (Additional PID's should be listed on an attached sheet) Look for attached sheet

_____-_____-_____- _____-_____-_____-
_____-_____-_____- _____-_____-_____-

Annexation Calculation

Function	Fees	
10 acres or less	\$1,200	
Over 10 acres and Under 50 acres	\$1,600	
Over 50 acres	\$2,500	
Total:		

-All fees should be made payable to the City of North Port. Fees must be paid prior to the processing of the submittal.

-Other billable fees will be assessed and will be required to be paid by the applicant as stated on the billable fee agreement.

Please contact Planning Staff if you have any questions, 941.429.7156

AFFIDAVIT

I (the undersigned), _____ being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and accurate to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be processed or hearing can be advertised, and that I am authorized to sign the application by the owner or owners. I authorize City of North Port staff and agents to visit the site as necessary for proper review of this application. *If there are any special conditions such as locked gates, restricted hours, guard dogs, etc., please provide the name and telephone number of the individual who can allow access.*

Sworn and subscribed before me this _____ day of _____, 20_____,

Signature of Applicant or Authorized Agent

Print Name and Title

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public

AFFIDAVIT AUTHORIZATION FOR AGENT/APPLICANT

I, _____, property owner, hereby authorize _____ to act as Agent on our behalf to apply for this application on the property described as (legal description) _____

Owner

Date

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public