



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

Rezoning Packet

The following items are to be included in the submission:

- Rezoning Application
- Affidavit(s)
- Rezoning Checklist
- Rezoning 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

REZONING 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: _____

Applicant: _____

Corporation/LLC (If Applicable): _____

Mailing Address: _____

Phone: _____ **Email:** _____

Property Owner: _____

(if different than applicant)

Mailing Address: _____

Phone: _____ **Email:** _____

Architect/Engineer: (If Applicable) _____

Mailing Address: _____

Phone: _____ **Email:** _____

Adopted Future Land Use Map Designation:

Adopted Zoning Map Designation:

Proposed Zoning Map Designation:

Has this property undergone previous City development review and approval? No _____ Yes _____

If yes, what type of application (DMP, MAS, SCP, INF, etc) _____

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

Has this property received variance, waiver, or special exception approval? No _____ Yes _____

If yes, please describe (*attach extra sheets if necessary*): _____

Provide the following information for the proposed development: (*Answer all that apply*)

Total Acres		Dwelling Units per Acre	
Total Wetland Acres		Percentage of Acres devoted to Storm Water	
Total Acres devoted to Recreational/Open Space		Percentage of Acres devoted to Open Space	
Percentage of Lot Covered by Building		Floor Area Ratio	
Total Commercial Acres		Total Building Square Footage of Commercial Use	
Total Residential Acres		Total Number of Residential Units	
Total Government Acres		Total Building Square Footage of Government Use	
Total Industrial Acres		Total Building Square Footage of Industrial Use	

NEIGHBORHOOD MEETING: Is the development greater than 1 acre or abutting a residential development? No _____ Yes _____ If yes, a Neighborhood Meeting is required (*see ULDC §33-10(U)*).

FIRE & RESCUE: Nearest Fire Hydrant: _____ (feet)

TRANSPORTATION:

List the Roadways immediately serving the site: _____

Nearest:

Traffic Control Light: _____ (feet) Stop Sign: _____ (feet)
Sarasota County Area Transit Stop: _____ (miles)

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, Elizabeth Wong at (941) 240-8321.
(Flood Information can be found at 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.

ENVIRONMENTAL:

Are there any known Historical or Archaeological sites on the property? No ____ Yes ____
(If unsure, please contact Sarasota County – Division of Historical Resources (941) 316-1115.)

Please describe: _____

Has an Environmental Assessment Report/Review been prepared for this property? No ____ Yes ____
If yes, Date survey was conducted: _____

Does the property contain gopher tortoise burrows, scrub jay habitat, 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:

REZONING

SECTION 1-33

Please include the following in your digital submittal to developmentpetitions@northportfl.gov:

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 (Mark those that Apply; Section 1-33 E.4)

- 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 Topographical 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 1-33 E.1)

Provide an explanation of the project in plain language. As per the Code, the following items must be addressed.

- a. Whether the proposed change would be consistent with the future land use map and the goals, objectives and policies of the Comprehensive Plan (See Comprehensive Plan - Future Land Use Element).
- b. The relationship of the proposed change to the existing land use pattern.
- c. Whether the proposed change would lead to the creation of an isolated zoning unrelated to adjacent and nearby districts.
- d. The impact on the availability of adequate public facilities consistent with the level of service standards adopted in the Comprehensive Plan and as defined and implemented through the City's Concurrency Management System Regulations as set forth in Chapter 5 of this Unified Land Development Code.
- e. Whether changed or changing conditions make the passage of the proposed zoning necessary.
- f. Whether the proposed change will adversely influence living conditions in the neighborhood.
- g. Whether the proposed change will create or excessively increase traffic congestion or

otherwise affect public safety.

- h. Whether the proposed change will create a drainage problem.
- i. Whether the proposed change will seriously reduce light and air to adjacent areas.
- j. Whether the proposed change will adversely affect property values in the adjacent areas.
- k. Whether the proposed change will be a deterrent to the improvement or development of adjacent property in accord with existing regulations.
- l. Whether the proposed change will constitute a grant of special privilege to an individual owner as contrasted with the public welfare.
- m. Whether there are substantial reasons why the property cannot be used in accord with existing zoning.
- n. Whether the change suggested is out of scale with the character of the neighborhood.
- o. Whether the use causes a decrease in level of service, concurrency in any area listed in Chapter 5, or causes adverse effects on the health, safety and welfare of the citizens of North Port and it is impossible to find other adequate sites in the City for the proposed use in districts already permitting such use that would maintain the adopted level of service, concurrency levels as listed in Chapter 5 or adequate services for the health, safety and welfare of the citizens of North Port.

Item 4: Topography and Boundary Survey (Section 1-33 E.2)

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: Aerial Map (Section 1-33 E.3)

Showing the adjacent properties and clearly depicting property under consideration.

Item 6: Utilities Letter (Section 1-33 E.5)

Letter showing commitment for the availability of Utility services.

Item 7: Traffic Impact Analysis (Section 1-33 E.5)

Letter showing commitment for the availability of Utility services.

Item 8: Utilities Letter (Section 1-33 E.5)

Letter showing commitment for the availability of Utility services.

Item 9: School Capacity Determination

This preliminary capacity review shall apply to applications for comprehensive plan amendments, rezone petitions, and preliminary site plans for proposed residential development. This non-binding review analyzes student generation relative to existing school capacities and capacities planned within the District's current Five-year Capital Facilities Work Plan.

If this is applicable to your project, contact the Sarasota School Board's Planning Department for more information on how to do this.

Item 10: Proposed Development Plan

Item 11: Environmental Assessment

Item 12: Certification of Payment of Taxes and Assessments

Item 13: Additional Information (Section 1-33 E.8)

Any additional data, maps, plans, surveys, or statements as determined by the City to be necessary, depending on the use or activity proposed.

Not all projects are the same and some require more information than



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Rezoning Fees

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

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

Rezoning Calculation

Function	Fees	
Basic	\$2,280	
Planned Community Development Designation	\$2,900	
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

BILLABLE FEE PAYMENT AGREEMENT

I/WE agree to pay all the costs associated with processing this application petition. Payment is due within 10 days of receipt of an invoice, and all processing of the petition will stop if payments are not made within 10 days.

Name(s): _____

Billing Address: _____

Contact Number: _____

Contact E-mail: _____

I understand and agree to the conditions outlined in this agreement, and certify that all the information provided is correct.

Signature: _____

Witness: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Applicants are billed for Legal Advertisement costs and actual postage costs for Adjacent Property Owner notifications. Fees will vary based on size of advertisement selected by the local newspaper, and amount of property owners to be notified.

To be filled out by Planning Staff
Petition Number: ____ - ____ - ____

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