

City of Okeechobee General Services Department 55 S.E. 3rd Avenue, Room 101 Okeechobee, Florida 34974-2903 Phone: (863) 763-3372, ext. 9820 Fax: (863) 763-1686	Date:	Petition No.
	Fee Paid:	Jurisdiction: PB & CC
	1 st Hearing:	2 nd Hearing:
	Publication Dates:	
	Notices Mailed:	

Per City of Okeechobee Ordinance No. 1258, property owners of land zoned Holding in the City of Okeechobee may submit requests to rezone their property with reduced application fees and reduced application submittal requirements until July 5, 2023, by filling out this application, paying the application fee and providing the required submittals on the attached checklist.

Holding Property Rezoning Petition APPLICANT INFORMATION	
1	Name of property owner(s):
2	Property owner(s) mailing address:
3	Property owner(s) phone number:
4	Property owner(s) e-mail address:
5	Name of petitioner (person signing petition):
6	Petitioner(s) mailing address:
7	Petitioner(s) phone number
8	Petitioner(s) e-mail address:
9	Name of contact person (state relationship if other than petitioner):
10	Contact person phone number:
11	Contact person e-mail address:
PROPERTY INFORMATION	
12	Subject property address Legal description (Subdivision, Lot, Block or indicate Unplatted): Subject parcel identification number(s): Directions to subject property if no address: Approx. acreage:
13	Is there a current code violation on the subject property: Yes _____ No _____ Case No. _____
14	Is there a pending sale of the property subject to this being granted:
15	Current Zoning Designation: <u>Holding</u> Requested Zoning Designation: _____ Current Future Land Use Designation: _____ Describe current use and proposed use of subject property: Source of potable water: _____ Method of sewage disposal: _____

16	Describe current uses on adjoining properties to the: North: _____ East: _____ South: _____ West: _____
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Confirmation of Information Accuracy

I hereby certify that the information in this application is correct. The information included in this application is for use by the City of Okeechobee in processing my request. False or misleading information may be punishable by a fine of up to \$500.00 and imprisonment of up to 30 days and may result in the denial of this application.

Signature

Printed Name

Date

**FINDINGS FOR GRANTING A REZONING
(City LDC Sec. 70-340)**

The Planning Board and Council will consider the following criteria, where applicable, in determining whether to approve or deny rezoning petitions. As the Applicant, please provide your response to each criterion to the best of your knowledge:

1. The request is not contrary to comprehensive plan requirements.

2. The use is specifically authorized under the zoning district regulations applied for.

3. Approval of the request will not have an adverse effect on the public interest.

4. The use is appropriate for the location proposed, is reasonably compatible with adjacent uses, and is not contrary or detrimental to urbanizing land use patterns.

5. Approval of the request will not adversely affect property values or living conditions, nor be a deterrent to the improvement or development of adjacent property.

6. The use can be suitably buffered from surrounding uses, so as to reduce the impact of any nuisance or hazard to the neighborhood.

7. Approval of the request will not create a density pattern that would overburden public facilities such as schools, streets, and utility services.

8. Approval of the request will not create traffic congestion, flooding or drainage problems, or otherwise affect public safety.

9. The use has not been inordinately burdened by unnecessary restrictions.

Submittal Checklist

<u>No.</u>	<u>Checklist Items</u>	<u>Check</u>
1.	Copy of last recorded warranty deed (required)	_____
2.	Legal description (required, but may be included with survey or warranty deed)	_____
3.	List of Surrounding Property Owners with addresses and location sketch of the subject property (required).	_____
4.	Affidavit attesting to the completeness and accuracy of the list (required)	_____
5.	Non-refundable application fee of \$600 plus \$20/acre (required)	_____

Additional Attachments

6.	Notarized letter of consent (required if applicant is different from property owner)	_____
7.	Property survey (if available and no larger than 11x17, not required)	_____
8.	Supplemental supporting information (optional)	_____



Okeechobee County Property Appraiser's Office
 Information Request Form for the
 City of Okeechobee

Property Owner Name(s)	
Parcel Identification Number	
Contact Person Name	
Contact Person Phone Number	
Contact Person Email Address	
Requested Items Needed By	

Project Type (Circle One or Check Box)

Rezoning <input type="checkbox"/>	Special Exception <input type="checkbox"/>
<u>Items Needed:</u> Location map 100' surrounding property from the outermost portion of subject property. Surrounding property owners mailing addresses 300' from the outermost portion of subject property.	<u>Items Needed:</u> Location map 100' surrounding property from the outermost portion of subject property. Surrounding property owners mailing address 300' from the outermost portion of subject property.
Variance <input type="checkbox"/>	Future Land Use Map Amendment <input type="checkbox"/>
<u>Items Needed:</u> Location map 100' surrounding property from the outermost portion of subject property. Surrounding property owners mailing address 300' from the outermost portion of subject property.	<u>Items Needed:</u> Location map 100' surrounding property from the outermost portion of subject property Surrounding property owners mailing address 300' from the outermost portion of subject property.
Abandonment Right-of-Way / Alley Closing <input type="checkbox"/>	
<u>Items Needed:</u> Location map 100' surrounding property from the outermost portion of subject property. Surrounding property owners mailing address 300' from the outermost portion of subject property.	

Information is provided by the Okeechobee County Property Appraisers Office. You may hand deliver this request form or fax it to the following attention:

Okeechobee County Property Appraisers Office
 307 N.W. 5th Avenue, Suite A
 Okeechobee, Florida 34972
 Phone: (863) 763-4422
 Fax: (863) 763-4745

Affidavit Attesting to the Completeness and Accuracy of the List of Surrounding Property Owners

I hereby certify under the penalty of law or the revocation of the requested approval sought that to the best of my knowledge and belief, the attached list constitutes the complete and accurate list of the property owners, addresses, and parcel identification numbers of all parcels and tracts within three hundred (300) feet not including intervening streets, alleys, or waterways, of the perimeter of the lands which are subjects of, or are contiguous to but held under the same ownership as, the lands subject to the application for a change in land use or zoning, said list constituting a portion of that application. This affidavit is made based upon an inspection of the tax rolls of the Property Appraiser of Okeechobee County as of _____ and the Assertions made to me by members of that Office that the information reviewed constitutes the most recent information available to that office. I therefore attest to this ____ day of _____, 20 ____.

Signature of Applicant

Date

Name of Applicant (printed or typed)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20 ____, by _____, who is personally known to me or produced as identification.
(Name of Person)

NOTARY PUBLIC SIGNATURE

CITY OF OKEECHOBEE
55 SE 3RD AVENUE
OKEECHOBEE, FL 34974
 TELE: 863-763-3372 FAX: 863-763-1686
LAND USE POWER OF ATTORNEY

Name of Property Owners:		
Mailing Address:		
Home Telephone:	Work:	Cell:
Property Address:		
Parcel ID Number:		
Name of Applicant:		
Home Telephone:	Work:	Cell:
<p>The undersigned, being the record title owner(s) of the real property described above, do hereby grant unto the applicant stated above the full right and power of attorney to make application to the City of Okeechobee to change the land use of said property. This land use change may include rezoning of the property, the granting of special exception or variances, and appeals of decisions of the Planning Department. It is understood that conditions, limitations and restrictions may be place upon the use or operation of the property. Misstatements upon application or in any hearing may result in the termination of any special exception or variance and a proceeding to rezone the property to the original classification. This power of attorney may be terminated only by a written and notarized statement of such termination effective upon receipt by the Planning Department.</p>		
<p>IN WITNESS WHEREOF THE UNDERSIGNED HAVE SET THEIR HAND AND SEALS THIS</p> <p style="text-align: center;">_____ DAY OF _____ 20__.</p>		
_____ OWNER	_____ WITNESS	
_____ OWNER	_____ WITNESS	
<p>STATE OF FLORIDA COUNTY OF _____</p>		
<p>The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20__, by _____, <div style="text-align: right;">(Name of Person)</div> who is personally known to me or produced _____ as identification.</p>		
		_____ NOTARY PUBLIC SIGNATURE