

**APPLICATION FORM  
REZONING REQUEST (RZON)  
INDIAN RIVER COUNTY**

**Each application must be complete when submitted and must include all required attachments. An incomplete application will not be processed and will be returned to the applicant.**

Assigned Project Number: RZON - _____			
	Current Owner	Applicant (Contract Purchaser)	Agent
Name:			
Complete Mailing Address:			
Phone #: (including area code)			
Fax #: (including area code)			
E-Mail:			
Contact Person:			
<b>Signature of Owner or Agent:</b> _____			
<b><u>Property Information</u></b>			
Site Address: _____			
Site Tax Parcel I.D. #s: _____ _____ _____			
Subdivision Name, Unit Number, Block and Lot Number (if applicable) _____			
Existing Zoning District:		Existing Land Use Designation:	
Requested Zoning District:			
Total (gross) Acreage of Parcel:		Acreage (net) to be Rezoned:	
Existing Use on Site:			
Proposed Use on Site:			

**THE APPLICANT IS STRONGLY ENCOURAGED TO ATTEND A PRE-APPLICATION CONFERENCE WITH LONG-RANGE PLANNING SECTION STAFF PRIOR TO APPLYING IN ORDER TO RESOLVE OR AVOID PROBLEMS CONNECTED WITH THE REZONING REQUEST.**

**REZONING APPLICATION CHECKLIST**

**Please attach the following items to this application. Do not ignore any of the items. Indicate “N/A” if an item is not applicable.**

ITEMS	Applicant’s Checklist	Staff Checklist
1. Fee:		
Property Size		
- Less than 5 Acres	\$1,550.00	
- 5 to 40 Acres	\$2,000.00	
- 41 to 100 Acres	\$2,300.00	
- More than 100 Acres	\$2,500.00*	
<b>* \$125.00 for each additional 25 acres over 100 acres</b>		
2. Completed Rezoning Application Form (front page)		
3. Letter of Authorization from Current Owner(s) <b>OR</b> Current Owner is Applicant		
4. Verified statement (separate letter) naming every individual or entity having legal or equitable ownership in the property.		
5. One (1) Copy of the <b>current</b> Owner’s Deed		
6. A Current Owner’s Title Policy <b>OR</b> A Certificate of Title from a Title Company <b>OR</b> An attorney’s written opinion evidencing fee ownership of the property.		
7. One (1) <b>SEALED</b> boundary survey of the area to be rezoned. The boundary survey shall include, but not be limited to the following:  <input type="checkbox"/> a legal description of the land to be rezoned <input type="checkbox"/> the size of the land to be rezoned <input type="checkbox"/> the public road right-of-way width of adjacent roads; and <input type="checkbox"/> a north arrow		
8. Electronic version (MS Word is preferable) of the legal description		
9. Copy of Approved Concurrency Certificate <b>OR</b> Copy of filed application for Concurrency Certificate, including traffic study, if applicable		

**NOTE: ITEMS 2-6 MUST INDICATE THE SAME OWNERSHIP OF THE SUBJECT PROPERTY.**

**Revised: January 10, 2008**

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**Indian River County  
Future Land Use Map Amendment/Rezoning  
Authorization Form**

TO: Planning Division  
Indian River County  
1801 27<sup>th</sup> Street  
Vero Beach, FL 32960

FROM: \_\_\_\_\_  
(Property Owner) \_\_\_\_\_  
\_\_\_\_\_

Property Tax I.D. #: \_\_\_\_\_

Property Address: \_\_\_\_\_

The undersigned is hereby authorized \_\_\_\_\_ to act as agent and/or make application to Indian River County for the above referenced property for the following applications (please mark the appropriate box):

- Future Land Use Amendment
- Rezoning

\_\_\_\_\_  
Owners Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owners Signature

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REZONING FLOW CHART

