



STAFF USE ONLY

Intake Date _____
Fee Paid _____

TOWN OF HAVERHILL

PERMITTING AND LICENSING DEPARTMENT

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

Application for District Boundary Changes (Rezoning Application)

APPLICATION FEE: \$5,000.00

INSTRUCTIONS FOR COMPLETION OF THIS APPLICATION

Each application must be for a single, contiguous parcel of real property, otherwise, the application may be rejected and separate applications and separate filing fees required. No application shall be accepted unless it is presented on the official form provided by the Town. Acceptance on application is conditioned upon full compliance with all information required herein as well as information required by Florida Law and Town of Haverhill Comprehensive Plan and Code of Ordinances.

INFORMATION REQUIRED FROM THE APPLICANT

- 1) Completed application signed by the owner and applicant. The Agent's authorization or power of attorney must be attached if the applicant is other than the owner.
- 2) If ownership is under joint or several ownership: provide a written consent to the application by all owners of record.
- 3) If the applicant is a contract purchaser: provide a copy of the purchase contract and written consent of the owner and seller.
- 4) If the applicant is a lessee: provide a copy of the lease agreement and the written consent of the owner.
- 5) If the applicant is a corporation or other business entity: provide the name of the officer or person responsible for the application, and written proof that said person has the delegated authority to represent the corporation or other business entity, or in lieu thereof, written proof that he/she is, in fact, an officer of the corporation.
- 6) Copy of Warranty Deed including property control number or folio number and legal description of the property.
- 7) List of all property owners within a 300' radius of boundary lines of the property as provided by the Palm Beach County Property Appraiser's Office and executed affidavit signed by the PBC Property Appraiser's employee responsible for completing this list.
- 8) Address Labels printed by the Property Appraiser's office for all properties within a 300' radius of boundary lines of the property: 2 sets for small-scale amendment or 3 sets for large-scale amendment, affixed to **STAMPED** envelopes (meter stamps not acceptable) with no return address.
- 9) Palm Beach County Property Appraiser's vicinity map indicating proposed annexation area and its boundaries contiguous to the Town.

- 10) 2 copies of a current signed and sealed boundary survey of the subject parcel prepared by a surveyor registered in the State of Florida, dated not more than six (6) months prior to the date of application submission, containing the following information: accurate legal description of all properties; all easements of record (referenced by OR book and page); and a computation of the total acreage of the subject parcel(s) to the nearest one-hundredth of an acre.
- 11) 9 copies of a Traffic Impact Analysis addressing the Level of Service (LOS) with five-year traffic at typical and at maximum project traffic and the analysis prepared in accordance with Palm Beach County Traffic Performance Standards Ordinance.
- 12) Maps showing the location of existing vehicular and pedestrian access to and from the site, including all rights-of-way, drainage canals and other reservations of land.
- 13) Topographic map.
- 14) A description of the potable water and sewage treatment available for the site.
- 15) A map or aerial photo showing the location and use of buildings located on adjacent property including any property separated by rights-of-way.
- 16) A drainage statement describing methods for providing adequate drainage for the site.

EXACT LEGAL DESCRIPTION OF PROPERTY TO BE REZONED

LOCATION:

The subject property is located approximately _____ feet from the intersection of _____ and _____ on the _____ side of _____ street.

EXISTING ZONING DISTRICT: _____

PROPOSED ZONING DISTRICT: _____

Said proposed zoning is intended to accommodate the following uses:

STATEMENT OF USE-JUSTIFICATION

(State special reasons or basis for rezoning request)

APPLICANT'S CERTIFICATION

(I) (we) affirm and certify that (I) (We) understand and will comply with the provisions and regulations of the Town of Haverhill Zoning Code. (I) (We) further certify that the above statements and the statements and showings made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief. Further, (I) (we) understand that this application, attachments and fees become part of the Official Records of the Town of Haverhill and are not returnable.

Witness	Signature of Applicant	Date
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Witness	Name of Applicant
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APPLICANT IS:	Address, City, State, Zip
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- Owner
- Owner's Agent
- Lessee
- Contract Purchaser

Email Address

Telephone Number

NAME OF OWNER(S) OTHER THAN APPLICANT

Name	Address, City, State, Zip
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Telephone Number	Email Address
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NAME OF PERSON RESPONSIBLE FOR APPLICATION IF OTHER THAN THE APPLICANT

Name

Street Address

Telephone Number

City, State, Zip

Email Address

THIS SECTION FOR TOWN USE ONLY

INTAKE DATE: _____

FEE PAID: _____

TOWN PLANNER'S REMARKS – SEE ATTACHED

LAND PLANNING AGENCY

TOWN COUNCIL

PUBLIC HEARING DATE _____

DATE OF FIRST READING _____

DATE OF SECOND READING _____