

# City of Temple Terrace



## Guide to Zoning Reclassification Application and Process

June 2018

## ZONING RECLASSIFICATION: PROCEDURE OVERVIEW

A zoning reclassification may be applied for when a property owner wants to change the official zoning designation on his/her property. The criteria for review and approval of a zoning reclassification are based on the applicable land use designation and policies of the City of Temple Terrace Comprehensive Land Use Plan, the character of the surrounding area as well as other applicable City plans and goals. At least one (but may involve two) public hearing/s are required before the City Council which makes final decision. From filing to final decision, the process typically takes a minimum of three (3) months. The planner assigned to your petition will be your main contact person throughout the process.

- Step One**                      The Property Owner/Applicant conducts a Pre-Application Conference with the Community Development Department staff to discuss the proposed project.
- Step Two**                      Property Owner/Applicant submits Zoning Reclassification Application and supporting information/documents.
- Step Three**                      Community Development reviews submitted materials and prepares documents for Agency/Committee Reviews.
- Step Four**                      Agency/Committee Review:
- The Hillsborough County Community School Board (reviews and reports on the application for consistency with school concurrency regulations.) (If Applicable)
  - The Hillsborough County City Planning Commission (reviews and reports on the application for consistency with city of temple terrace comprehensive plan.)
  - The Development Review Committee (comprised of representatives for the various City departments that review and report on the application based on their specific duties and responsibilities.)

**Step Five**

Public notice of the request will be done with a newspaper ad and posting of a sign to the public hearing.

- (1) For Planned Developments and other Zoning requests less than or equal to 10 acres, a newspaper ad will be published 30 days before the public hearing and a sign will be posted 14 days before the hearing.
- (2) For Planned Developments and other Zoning requests greater than 10 acres, a newspaper ad will be published 14 days before the hearing and a sign will be posted 14 days before the hearing.

**Step Six**

The planner assigned to your petition will prepare a staff report for the City Council and schedule a hearing date.

**Step Seven**

The City Council makes the final decision, taking into consideration the staff reports, and the testimonies of the staff, the petitioner, and the public. The required public hearing(s) will be scheduled during regular City Council meetings, which are held the first and third Tuesday of each month.



# ZONING RECLASSIFICATION APPLICATION

Application Number \_\_\_\_\_

Date: \_\_\_\_\_

<b>ZONING RECLASSIFICATION - SCHEDULE OF FEES</b>	
Rezone SF Residential to SF Residential	\$500.00*
Rezone Reclassification (Non-PD)	\$1,200.00*
PD Rezone/Modification of less than 5 acres	\$2,200.00*
PD Rezone/Modification of 5 to 10 acres	\$3,000.00*
PD Rezone/Modification of 10 acres or greater	\$4,200.00*
Petition for Reconsideration	\$350.00*
* Plus Advertising Cost	

\* Advertising Cost is to pay for the legal advertisement required by Florida Statute in the local newspaper as well as notice to the surrounding property owners. These advertising requirements are performed by the City Clerk and the property owner will be billed separately by that department subsequent to advertising.

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**NOTE:** Please fill out the Authorized Agent Affidavit if the zoning reclassification is being applied for by someone other than the property owner.

**ZONING RECLASSIFICATION REQUEST:**

Property's Street Address(es): \_\_\_\_\_

Acreeage/Size of Property: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Please include the following information in the application package:

- Completed Zoning Reclassification Application
- Application Filing Fee
- Authorized Agent Affidavit (if required)
- Additional Owner Signature Sheet (if applicable)
- Copy of Deed showing current owners of record
- Justification/Cover Letter
- Boundary Survey or Plat
- Concept Plan (if rezoning to Planned Development)
- USB – Electronic copy of ALL above application materials (including Legal Description in word format)

**SIGNATURE OF APPLICANT/OWNER:**

I hereby certify that I am (we are) owner(s) of record of the above described property or I (we) have written permission from the owner(s) of record (copy of authorized agent affidavit attached) to request this action. I hereby certify that the information submitted on this application is true and correct to the best of my knowledge at the time of application.

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

\_\_\_\_\_  
DATE

NOTE: All persons having a legal or equitable ownership interest in the property must sign the application. Publicly held corporations must provide the name and address of the corporation and principal executive officers.

**NOTARY FOR SIGNATURE:**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20  
by \_\_\_\_\_ who is personally know to me or produced \_\_\_\_\_  
as identification and who did \_\_\_\_\_ or did not \_\_\_\_\_ take an oath.

\_\_\_\_\_  
Signature of Notary Public

Notary Stamp

\_\_\_\_\_  
Printed name of Notary Public

**ALL OF THE ABOVE INFORMATIONAL ITEMS ARE REQUIRED TO MOVE FORWARD**



## AUTHORIZED AGENT AFFIDAVIT

The undersigned, \_\_\_\_\_, as owner or officer of the owner of the real property located at \_\_\_\_\_; Folio No. \_\_\_\_\_ (“Property”) hereby appoints and grants authorization to \_\_\_\_\_ (“Authorized Agent”) to act on behalf of the owner with the City of Temple Terrace Community Development Department and other members of City staff while conducting activated related to the development of the above Property, including, but not limited to filing applications and obtaining development orders and permits. These activities specifically include signing all documents on behalf of the owner. Authorized Agent is to be considered an agent of the owner’s business and therefore the signature of said agent is binding on the owner and causes the owner to assume all responsibilities connected to or associated with the signature as they may relate to the Property.

The undersigned owner hereby relieves the City of Temple Terrace Community Development Department of, and agrees to hold the City of Temple Terrace Community Development Department harmless from, any and all responsibility, claims or other actions arising from or related to the Department’s acceptance of the Authorized Agent’s signature for permit/application and other development related activities. The undersigned owner understand that it is his/her sole responsibility to grant and terminate any such authorization and to ensure that the Department receives timely notice of any such grant or termination.

### OWNER

\_\_\_\_\_  
Owner’s First and Last Name

\_\_\_\_\_  
Owner’s Company and Title

\_\_\_\_\_  
Signature of Owner

### Notary for Owner’s Signature:

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is personally known to me, or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary  
My Commission expires: \_\_\_\_\_

(SEAL)

### AUTHORIZED AGENT

\_\_\_\_\_  
Authorized Agent’s First and Last Name

\_\_\_\_\_  
Authorized Agent’s Company and Title

\_\_\_\_\_  
Signature of Authorized Agent

### Notary for Agent’s Signature:

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is personally known to me, or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary  
My Commission expires: \_\_\_\_\_

(SEAL)