Print Form

Dept. of Development Services
Planning Services Division
2345 Providence Boulevard
Deltona, FL 32725
(386) 878-8600, Fax (386) 878-8621

PROJECT NO.: _____ - _____ - _____
(year) (type code) (sequence #)
ADDRESS: _____
PROJECT NAME: _____
(Do NOT write in this box—for office use only!)

CITY OF DELTONA

APPLICATION FOR CONDITIONAL USE

I. REQUESTED CONDITIONAL USE FOR: _____
_____ as listed under the following

Zoning Classification: (_____)_____

Comprehensive Plan Land Use Designation: _____

Total Acreage:_____acres **Building Sq. Ft.** *(if applicable)*:_____

If a Group Home or Day Care Center, proposed number of clients:_____

Applicable Utility Provision:
(Mark all that apply & provide letters stating availability & capacity of utilities to serve the proposed development)

__. Private Well __ Central Water:_____ __. Other _____
__. Private Septic __. Central Sewer:_____ _____

II. SUBJECT PROPERTY INFORMATION:

Property Address: _____

Tax Parcel Number(s):

_____ - _____ - _____ - _____ **Size:**_____
_____ - _____ - _____ - _____ **Size:**_____

Section:_____**, Township:** _____ **South, Range:** _____ **East.**

This property is located on the _____ side of _____ road approximately_____ feet/miles N, E, S, W of its intersection with _____ road. The property is near _____ in the City of Deltona**.**

Property Owner's Name(s):_____

Owner's Mailing Address: _____E-Mail_____

City/State/Zip: _____ Phone:_____

Or __ See attached list of properties & owners *(multiple owners and/or properties).*

III. ALL COMMUNICATION CONCERNING THIS APPLICATION WILL BE DIRECTED TO THE UNDERSIGNED:

Applicant's Name:_____

Applicant's Status: __ Owner __ Attorney for Owner __ Agent for Owner __ Contract Purchaser

Mailing Address: _____

City/State/Zip: _____E-mail_____

Phone: _____ **Fax:**_____

Required fees must be paid at the time of filing. The applicant is responsible for submitting all information and exhibits in such form and completeness that will allow all reviewers to judge whether or not the subject development complies with all applicable regulations. **If the applicant is not the property owner, proper authorization must accompany this application.**

Applicant's Signature: _____ **Date:** _____

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IV. TO BE SUPPLIED AT THE TIME OF SUBMISSION:

__ 2 copies of legal description.
__ 2 current sealed surveys of property (no older than 2 years).
__ Proof of Ownership and Proof of Payment of Current Property taxes *(written receipt)*.
__ Fifteen (15) copies of the Site Plan (to scale) that complies with Section 1102.00(a)(4) & (5) of the Zoning Ordinance 30-98 and two (2) 11"X 17" reduced copies of the Site Plan.
__ Site plan shall include signage plan and lighting detail.
__ Also, furnish a CD of site plans in jpeg or PDF format, if possible.
__ Written explanation of the Conditional Use (i.e., hours of operation, duration, number of clients, etc.).
__ Letters acknowledging availability and capacity of service from utility providers (*if applicable*).
__ *Notarized Authorization of Owner* (if applicant is other than owner).
__ Make an appointment with a City Planner to submit application & establish public notice deadlines.
__ Application Fee:Date Paid:_____, Amt. Paid $_____, cash / ck #_____, Initials_____
__ Please Note: Additional information may be requested for review by staff.

V. ADDITIONAL INFORMATION: (TO BE COMPLETED BY STAFF)

Pending completeness review, this request will be considered by the Planning & Zoning Board on Wednesday the _____ day of _____, 20____ in the City Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm. Pending the Board's recommendation at the first hearing, the project will be heard by the City Commission on Monday the _____ day of _____, 20_____, in the City Commission Chambers, 2345 Providence Boulevard, Deltona, Florida, at 7:00pm.

It will be the responsibility of the applicant to ensure due public notice in connection with these public hearings pursuant to Ordinance 30-98. This includes notice to all the owners of surrounding properties within 300 feet of the subject property and posting of required signs. The City of Deltona will be responsible for advertisements published in a newspaper of general circulation in the area. Based on the tentative P&Z and CC meeting schedule, public notice letters to adjacent property owners must be sent via certified mail, return receipt requested, no later than (10 days) _____ and signs, as provided by staff, must be posted by the applicant no later than (10 days) _____. It is the applicant's responsibility to ensure that the public notice signs are visible from the roadway and remain posted until the completion of the final public hearing.

Under Zoning Ordinance 30-98, Section 1102.00(i), if a Conditional Use does not begin to serve the purpose for which it was granted within twelve (12) months from the date of rendition, or if its use is abandoned for twelve (12) consecutive months from the date of rendition, it shall expire.

APPLICANT'S RIGHTS FOR REHEARING AND RES JUDICATA ARE STATED IN SECTION 1105.00 OF THE ZONING ORDINANCE 30-98, AS AMENDED.

If any person decides to appeal any decision made by the City Commission with respect to any matter considered at this meeting or hearing, he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (F.S. 286.0105).

Individuals with disabilities needing assistance to participate in any of these proceedings should contact the Department of Development Services at least three (3) working days in advance of the meeting date and time at (386) 561-2200.

Applicant's Signature_____**Date**_____

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City of Deltona

NOTARIZED AUTHORIZATION OF OWNER

I/We _____ as the
Print Owner's Name(s)

sole or joint fee simple title holder(s) of the property described as (parcel number and legal description):

_____

_____

_____

_____

_____

authorize _____ to act as my agent to seek a (*select one*) __ conditional use; __ rezoning; __ variance, or Other _____, on the above referenced property.

Property Address:_____

_____ _____
Owner's Signature *Owner's Signature*

Date:_____ Date:_____

_____ _____
Print or type name Print or type name

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who (did / did not) take an oath.

_____
Notary Public – State of Florida

(*Notary Seal or stamp*) Date:_____

_____
Print or type name