

Special Overlay Areas Application

3. PROJECT NAME, IF APPLICABLE: _____

4. APPLICANT'S NAME: _____

APPLICANT'S MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

FACSIMILE NUMBER: _____

5. NAME OF OWNER OF RECORD: _____

OWNER'S MAILING ADDRESS: _____

(If more than one, please attach additional sheets)

6. PROPERTY LOCATION: _____

A. ADDRESS OF PROPERTY: _____

B. LEGAL DESCRIPTION: THE LEGAL DESCRIPTION MUST BE SUBMITTED WITH THIS APPLICATION. ADDITIONALLY, THE APPLICANT MUST PROVIDE THREE (3) EXECUTED, SURVEYS OR A SKETCH OF DESCRIPTION OF THE SUBJECT PARCEL. ATTACH SURVEY OR SKETCH WITH FULL LEGAL DESCRIPTION AS **EXHIBIT "A"**.

C. ACREAGE: _____

D. PROPERTY TAX ID. NO(S): _____

7. DEVELOPMENT HISTORY:

A. PRESENT ZONING: _____

B. PRESENT DESIGNATION ON OCOEE FUTURE LAND USE MAP: _____

C. DEVELOPMENT HISTORY/OTHER INFORMATION: _____

8. NUMBER OF EXISTING BUILDINGS AND EXISTING USE OF THE SUBJECT PARCEL: _____

9. BRIEFLY ADDRESS THE FOLLOWING:

A. THE NEED AND JUSTIFICATION FOR THE REQUESTED ACTION/CHANGE: _____

B. THE EFFECT OF THE REQUESTED ACTION, IF ANY, ON SURROUNDING PROPERTIES:

10. APPLICANT SHALL SUBMIT A LIST OF THE OWNERS' NAMES AND MAILING ADDRESSES FOR ALL PROPERTY LYING WITHIN THREE HUNDRED (300) FEET OF THE PERIMETER OF THE SUBJECT PROPERTY, PER THE LATEST ORANGE COUNTY PROPERTY APPRAISERS AD VALOREM TAX ROLL. FAILURE TO IDENTIFY ALL ADJACENT PROPERTY OWNERS MAY CAUSE THE SUBMITTED APPLICATION TO BE DENIED.

11. APPLICANT SHALL SUBMIT A CITY OF OCOEE OWNER'S AFFIDAVIT WITH APPLICATION.

12. APPLICANT MAY SUBMIT ANY ADDITIONAL INFORMATION RELEVANT TO THE REVIEW OF THE APPLICATION. LIST ADDITIONAL INFORMATION ATTACHED:

INCOMPLETE APPLICATIONS WILL BE DEEMED INSUFFICIENT AND MAY BE REJECTED WITHOUT REFUND OF THE APPLICATION FEE. THE CITY MAY REQUIRE ADDITIONAL INFORMATION IF IN THE CITY'S SOLE DISCRETION ADDITIONAL INFORMATION (INCLUDING, BUT NOT LIMITED TO, TRAFFIC STUDIES) IS NEEDED IN ORDER TO EVALUATE THE APPLICATION FOR COMPLIANCE WITH THE OCOEE COMPREHENSIVE PLAN AND LAND DEVELOPMENT CODE. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AT THE TIME OF APPLICATION:

APPLICANT _____

DATE _____

CITY OF OCOEE, FLORIDA
OWNER'S AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me, the undersigned personally appeared _____, who being first duly sworn on oath, depose(s) and say(s):

1. That they/she/he are/is the fee- simple owner(s) of the property legally described in this application and that the attached ownership list is made a part of the affidavit and contains the legal description(s) for the real property, and the names and mailing addresses of all owners having an interest in said land.

2. That they/she/he desire(s) _____

(specify action sought) for said property.

3. That they/she/he have/has appointed _____
(specify himself or agent) to act as the Owner's Authorized Agent to represent the Owner in connection with the proposed action and the real property described in this application.

4. That they/she/he agree to be bound by the actions of the Owner's Authorized Agent designated in Paragraph 3 above and the Ocoee Land Development Code.

5. That they/she/he affirm(s), certif(y)(ies) and will comply with all ordinances, regulations, and provisions of the City Code of the City of Ocoee, and that all statements and diagrams submitted herewith are true and accurate to the best of their/his/her knowledge and belief and further, that this application and attachments shall become part of the official records of the City of Ocoec, and are not returnable.

6. That the accompanying adjacent property owners list is, to the best of their/her/his knowledge, a complete and accurate list of the owner's names and mailing addresses for all property lying within three hundred (300) feet of the perimeter of the subject parcel, as recorded on the latest official Orange County Tax Rolls.

7. That prior to the public hearing, if applicable, signs will be prominently posted on the subject parcel not less than twelve (12) days before the application will be considered by the Planning and Zoning Board or the Board of Adjustment, and will remain posted until final determination; after which time the notices are to be removed and destroyed.

Owner's Signature

Sworn to and subscribed before me this _____ day of _____ 20____, by _____ who is personally known to me or who produced _____ as identification, and who took an oath.

Special Overlay Areas Application

Notary Public

Print Name: _____

My Commission Number: _____

My Commission Expires: _____

Owner's Signature

Sworn to and subscribed before me this _____ day of _____ 20____, by _____ who is personally known to me or who produced _____ as identification, and who took an oath.

Notary Public

Print Name: _____

My Commission Number: _____

My Commission Expires: _____

Owner's Signature

LIST OF OWNER'S OF RECORD (OF THE SUBJECT PROPERTY)

PARCEL ONE:

OWNER'S NAME: _____

OWNERSHIP INTEREST: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION: _____

PARCEL TWO:

OWNER'S NAME: _____

OWNERSHIP INTEREST: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION: _____

PARCEL THREE:

OWNER'S NAME: _____

OWNERSHIP INTEREST: _____

MAILING ADDRESS: _____

LEGAL DESCRIPTION: _____

* NOTE: ATTACH ADDITIONAL SHEETS IF MORE THAN THREE PARCELS.