



**Application
For Amendment of
Future Land Use Map Designation**



Instructions: *Please review the document “Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County” prior to completing this application.*

A pre-application conference with TLCPD staff must be completed prior to the application deadline.

A. APPLICANT INFORMATION

Applicant Name: TLCPD

Address: _____

Telephone: _____

E-mail Address _____

Property located in: _____ City _____ Unincorporated County

Tax I.D.(s) #: No Tax ID, located at Ocala Rd north of 2006 Crabapple Drive

Parcel size (acres): 0.8

Current Future Land Use Map designation: Government Operational

Requested Future Land Use Map designation: University Transition

B. REQUIRED ATTACHMENTS

The items below are required components of a complete application. Information on preparing these items is included in the document “Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County.” Please include each item as a numbered attachment to your application. Initial each item on this application to indicate that it is complete and attached.

- N/A Attachment 1: Completed pre-application conference form
- X Attachment 2: Completed “Affidavit of Ownership & Designation of Agent” form
- X Attachment 3: Copy of legal description or deed (acreage should be estimated at end)
- X Attachment 4: Completed Rezoning Application necessary to implement the proposed land use change, available at <https://www.tal.gov.com/place/pln-luapps.aspx>. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

- Attachment 5: Completed School Impact Analysis Form.
- Attachment 6: Potable Water and Sanitary Sewer capacity and availability letter.
- Attachment 7: Transit service analysis
- Attachment 8: Answers to the questions below regarding the proposed change on a separate page:

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.

https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf

C. OPTIONAL ATTACHMENTS

The Planning Department encourages applicants to address the two optional attachments below. Please initial the attachments included in your application.

- Attachment 9: Informal Neighborhood Meeting Form
- Attachment 10: Sustainable Development Pattern Survey

D. ADDITIONAL APPLICATION REQUIREMENTS

Initial each item on this application to indicate that it is complete.

- One (1) signed original of the completed application, attachments, and supporting documentation
- One (1) electronic version of the completed application, attachments, and supporting documentation shall be submitted on a CD, DVD, or USB Flash Drive. The required format for all text documents is MS Word or PDF. The required file format for all maps drawings and graphics is PDF, JPEG, PNG, or TIFF.
- Application fee in the form of a check payable to the City of Tallahassee or Leon County Board of County Commissioners.
- Commitment to pay the rezoning application fee after the Local Planning Agency Public Hearing

APPLICATION DEADLINE:
Friday, September 23, 2022 5:00 PM (EST)

Applicants' signature below certifies that the applicant understands that the Future Land Use Map Amendments may require a rezoning; environmental analysis and other permit approvals before development activity can begin. Call the Land Use Administration Division of the Planning Department at 850-891-6400 for information on the rezoning process.

Received by the Tallahassee-Leon County Planning Department
on the 23rd day of September, 2022

TLCPD
 Staff Signature

 Signature of Property Owner or Agent



City of Tallahassee APPLICATION FOR REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions the City of Tallahassee for the following amendment to the Official Zoning Map:

Change in Zoning District Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

From: Residential Preservation RP-1

To: University Transition UT

Location: The property is designated by the following Leon County Property Tax identification number(s): 2134810002466

Project Name: Westwood Plaza **Total Acreage:** 0.54

Legal Description: Attach a legal description of the property requested to be rezoned.

Disclaimer: Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code, Environmental Management Ordinance, and the Concurrency Management System Policy and Procedures Manual.*

Note: An electronic version of this application and all supporting documentation shall be submitted on a CD or DVD. Also, an original signed copy of the complete application and supporting documentation shall be submitted to the Planning Department.

The required file format for all text documents is Microsoft Word, WordPerfect or Adobe Acrobat PDF.

The required file format for all maps and drawings is either Adobe Acrobat PDF or TIFF.

Submitted By:

Owner's Name(s):

Name: TLCPD Phone: _____
Email: _____ Fax: _____
Street: 435 N. Macomb St.
City: Tallahassee ST: FL Zip+4: 32301

Agent's Name(s):

Name: Same as above Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Optionee's Name(s):

Name: _____ Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application.

Letter of Understanding

I TLCPD (print name) as the property owner or authorized property owner representative have read and understand the City of Tallahassee Application for Rezoning Review Information Packet and acknowledge submittal of a rezoning application from RP-1 (district) to UT (district).

TLCPD Signature _____ Date _____
Property Owner/Authorized Representative

_____ Witness _____ Date _____

_____ Witness _____ Date _____



TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT

APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT



I. Ownership.

I, Tallahassee Leon County Planning Department, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 2134810002466

Location address: Ocala Rd. north of 2006 Crabapple Drive

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

Student Housing Partners, LLC

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Provide Names of General Partners:

Form with three columns of horizontal lines for providing names of officers and general partners.

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent:

Address:

Contact Person: Telephone No.:

III. Notice to Owner.

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

IV. Acknowledgement.

Individual

Signature
Print
Name: _____
Address: _____

Phone No.: _____

Corporation

Print Corporation Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No.: _____

Partnership

Print Partnership Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No. : _____

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____; or
Produced identification _____.
Type of identification produced:

Signature of Notary
Print Name: _____
Notary Public

(NOTARY STAMP)

My commission expires: