

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: <u>U</u>	Jp Campus Student Living, LLC	
Address:	560 W. Washington Blvd., Suite 200	
-	Chicago, IL 60661	
Telephone:		
E-mail Address		
Property located in	: X City Unincorporated County	
	35-50-057-687-0, 21-36-50-057-683-0, 21-36-50-057-682-5 & 36-50-057-682-0	
Current Future Lar	nd Use Map designation: UT	_
Requested Future I	Land Use Map designation: CC	_
B. REQUIRED A	TTACHMENTS	
items is included in t and Application Info	required components of a complete application. Information on preparties document "Comprehensive Plan Future Land Use Map Amendmen or mation for The City of Tallahassee and Leon County." Please include attachment to your application. Initial each item on this application to add attached.	t Process le each
X Attachment 1 X Attachment 2 X Attachment 3 X Attachment 4	: Copy of legal description or deed (acreage should be estimated	ed at end) e

2. Is you3. Are th4. How of for the elected by the below https://li>	Transit service analysis Answers to the questions be separate page: do you want to change the For request compatible with an ere any existing code violated does your request further the e Comprehensive Plan? This dofficials how the requester e Comprehensive Plan. The Young Transit of Comprehensive Plan.	below regarding the proposed change on a
		s to address the two optional attachments n your application.
	Informal Neighborhood M. Sustainable Development	_
Initial each item on to the sign of the documentation of the documentation of the sign of	on ronic version of the complet on shall be submitted on a Clutext documents is MS Words and graphics is PDF, JPE we in the form of a check part of County Commissioners to pay the rezoning application.	hat it is complete. application, attachments, and supporting ted application, attachments, and supporting D, DVD, or USB Flash Drive. The required d or PDF. The required file format for all G, PNG, or TIFF. yable to the City of Tallahassee or Leon
APPLICATION DE Friday, September 2	EADLINE: 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.
	llahassee-Leon County Pla day of	
Staff S	ignature	Signature of Property Owner or Agent



Pre-Application Conference Form For Amendment of Future Land Use Map Designation



Instructions: This form is to be completed during the required pre-application conference. A signed copy of the completed form must be included with your application.

Deadline for pre-application conferences for this amendment cycle is **Wednesday**, **September 14**, **2022**. Please contact the Planning Department in advance to schedule a pre-application conference by calling (850) 891-6400.

Applicant Name: Up Campus Living, LLC	Date: <u>3/10/2023</u>
Telephone: () E-mail	(optional)
Property located in: X City 21-35-50-057-687-0, 21-36-50-057-	
Tax I.D. #: 21-36-50-057-682-5 & 21-36-50-05	
Current Future Land Use Map designation: <u>UT</u>	
Requested Future Land Use Map designation: _(CC
X Small Scale Amendment (50 acres or fewer Large Scale Amendment (more than 50 acres)	
Maximum development: Residential units: 322	Nonresidential square feet:
Conference Review Items	
X Provide application packet	Application sufficiency
 X Review required attachments X Review optional attachments X Review additional application 	determination (Insufficient
X Review optional attachments	information may cause application to
X Review additional application requirements	be continued to the next cycle) Applicant's responsibility to pay for
X Review completeness requirement	rezoning after the Local Planning Agency Public Hearing
Notes:	
Artie White	Up Campus Living, LLC
Planner	Applicant



TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT



APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT

Parcel I.D. Number(s)21-36-50-057-683-0 & 21-36-50-057-682- 85 & 679 W Tennessee St. Tallahassee, FL	to ownership of the property described below: 5 32304
Location address: <u>oc</u>	o a crove refinessee of. Tanariassee, 12	02001
for which this Applic The ownership, as re	ration is submitted. corded on the deed, is in the name of: GR Leas	ing, LLC
Please complete the	appropriate section below:	
Individual	Corporation Provide Names of Officers: Kim Williams	Partnership Provide Names of General Partners:
	Dept. of State Registration No.: L02000025273	
	Name/Address of Registered Agent: Kim Williams	
	222 E. Pershing Street Tallahassee, FL 32301	
II. Designation of A	Applicant's Agent. (Leave blank if not applic	able)
below named party a represent me, or my	s my agent in all matters pertaining to the locati	which this affidavit is submitted, I wish to designate to address. In authorizing the agent named above to good faith and that any information contained in the d belief.
Applicant's Agent: M	oore Bass Consulting, Inc. adsden St. Tallahassee, FL 32303	
Contact Person: Ben		ephone No.: <u>(850) 222-5678</u>
III. Notice to Owne	er.	
A. All changes in C new owner assur after the change	mes the obligations and the original applicant is	shall require new affidavit. If ownership changes the released from responsibility for actions taken by othe
B. If the Owner into	ends the Designation of Applicant's Agent to be	limited in any manner, please indicate the limitation or the parcel; limited to obtaining a land use complian

IV. Acknowledgement.

ndividual	Corporation	Partnership
	GR Leasing, LLC	
	Print Corporation Name	Print Partnership Name
	By:	By:
Signature	Signature	Signature
Print	Print //	Print
Name:	Name: Kim Williams	Name:
Address:	Its: marm	Its:
	Address: 211 E. Pershing St	Address:
Phone No.:	Tallahassel, 12 32301	
	Phone No.: 850 545-1674	Phone No. :
Please use appropriate notary block.		
STATE OF FL		
COUNTY OF LEON		
ndividual	Corporation	Partnership
Before me, this day of	Before me, this day of	Before me, this day
, 20, personally	Warch , 20 23,	of, 20, personally
appeared	personally appeared	appeared
who executed the foregoing instrument,	Kim Williams of	partner/agent on behalf of

and acknowledged before me that same GR Leasing, LLC corporation, on was executed for the purposes therein Florida expressed. behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the

Signature of Notary Print Name:

Notary Public (NOTARY STAMP)

purposes therein expressed.

My commission expires:





$TALLAHASSEE-LEON\ COUNTY\ PLANNING\\ DEPARTMENT$



APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT

Parcel I D. Number(s)	n B. W. Mans, hereby attest to ov 21-36-50-057-682-0	whership of the property described below.
Location address: 63	5 W Tennessee St. Tallahassee, FL 32304	
for which this Applica		
The ownership, as rec	orded on the deed, is in the name of: stments, LLC	
Please complete the a	ppropriate section below:	
Individual	Corporation	Partnership
mulviduai	Provide Names of Officers:	Provide Names of General Partners:
	Kim Williams	Trovide Names of General Latinets.
	Mayda Williams	-
	Mayaa viillano	
	Dept. of State Registration No.:	
	L02000023668	
	Name / Address of Desistand Assets	
	Name/Address of Registered Agent: Kim Williams	
	222 E. Pershing St. Tallahassee, FL 32301	
	Tallatia5500, 1 E 52501	
II. Designation of A	pplicant's Agent. (Leave blank if not applicable)	
z. Designation of the	pp	
As the owner of the al	bove designated property and the applicant for which	h this affidavit is submitted, I wish to designate th
	my agent in all matters pertaining to the location ac	
	ompany, I attest that the application is made in good	
application is accurate	e and complete to the best of my knowledge and bel	ief.
Applicant's Agent: Mo	oore Bass Consulting, Inc.	
Contact Person: Ben	dsden St. Tallahassee, FL 32303	ne No.:(850) 222-5678
Contact Person: Dell	relephor	le 110 <u>1030/222-3070</u>
III. Notice to Owner	r.	
III Notice to Owner		
A. All changes in O	wnership & Applicant's Agent prior to issuance shal	I require new affidavit. If ownership changes the
new owner assun	nes the obligations and the original applicant is relea	sed from responsibility for actions taken by other
after the change i	n ownership.	
	nds the Designation of Applicant's Agent to be limit	
	ited to obtaining a certificate of concurrency for the	parcel; limited to obtaining a land use compliance
certificate; etc.)_		

IV. Acknowledgement.

Individual	Corporation	Partnership
	Kimayda Investments, LLC Print Corporation Name	Print Partnership Name
	By:	By:
Signature	Signature	Signature
Print	Print Kim B. Williams	Print
Name:		Name:
Address:	Its: Man	Its:
	Address: 122 E Pershinast.	Address:
Phone No.:	Tallahassel, Fr 37361 Phone No.: 850-96-1674	Phone No. :
Please use appropriate notary block.		
STATE OF LEON		
Individual	Corporation	Partnership
Defens are this dough	Before me, thisday of	Defere me this day
Before me, this day of	Before me, this day of	Before me, this day of, 20, personally
, 20, personally	March , 2023,	oi, 20, personally
appeared	personally appeared Kin Williams of	appeared, partner/agent on behalf of
who executed the foregoing instrument,		partner/agent on benait of
and acknowledged before me that same was executed for the purposes therein expressed.	Kimayda Investments, LLC , a Florida corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.
		Signature of Notary
		Print Name: Jamba M. Fay Notary Public
Descarally Images		(NOTARY STAMP)
Personally known ; or Produced identification .		(NOTAKT STAWF)
		My commission expires:
Type of identification produced:		wy commission expires:
		PAMELA M. FOX Commission # HH 151231 Expires September 19, 2025 Bonded Thru Troy Fain Insurance 800-385-7019



TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT



APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT

	BEHAR , hereby attest to 0 s) <u>21-36-50-057-687-0</u> 591 W Tennessee St. Tallahassee, FL 32304	ownership of the property described below:
Summit Ca	cation is submitted. ccorded on the deed, is in the name of: pital Partners-Tallahassee VI, LP appropriate section below:	
Individual	Corporation Provide Names of Officers:	Partnership Provide Names of General Partners:
	Dept. of State Registration No.: B200000000169	_
	Name/Address of Registered Agent:	
	Registered Agent, Inc. 7901 4th Street N. Suite 300	-
II. Dadaaadaa af	St. Petersburg, FL 33702 Applicant's Agent. (Leave blank if not applicable)	
As the owner of the below named party represent me, or my application is accura	above designated property and the applicant for whas my agent in all matters pertaining to the location company, I attest that the application is made in goate and complete to the best of my knowledge and be	ich this affidavit is submitted, I wish to designate address. In authorizing the agent named above to od faith and that any information contained in the
Address: 805 N. C	Moore Bass Consulting, Inc. Badsden St. Tallahassee, FL 32303	-
Contact Person: Be	n Hood, P.ETeleph	one No.: <u>(850) 222-5678</u>
III. Notice to Own	er.	
	Ownership & Applicant's Agent prior to issuance shames the obligations and the original applicant is rele in ownership.	
	tends the Designation of Applicant's Agent to be lin	nited in any manner, please indicate the limitation ne parcel; limited to obtaining a land use complian

IV. Acknowledgement.		
Individual	Corporation	Partnership
	Print Corporation Name	Summit Capital Partners-Tallahassee VI, LP Print Partnership Name By:
Print Name: Address: Phone No.: Please use appropriate notary block. STATE OF Texas COUNTY OF Hacking	Signature	Print Name: ROBERT A BEAHR MD MBA Its: MANAGER, GENERAL PARTNER Address: 5555 SAN FELIPE ST, SUITE 1135 HOUSTON TEXAS 77056 Phone No.: 346-247-7000
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 3rd day of March 2023, personally appeared Lobert & Behar Ms partner/agent on behalf of Summit Capital Partners-Tallahassee VI, LP 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:		Print Name: Mary K. Benge Notary Public (NOTARY STAMP) My commission expires: Mary 12, 2025

Attach a legal description or a copy of the deed for the subject property

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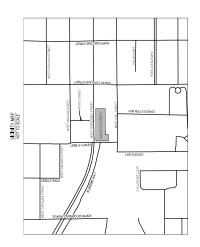
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LEGAL DESCRIPTION - EXHIBIT "A" (COMMITMENT NUMBER 2208535);

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SAD SURLINGS HOUSE LOT NUMBER
6 OF LEON COUNTY, FLORIDA.

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805 North Gadsden Street Tallahassee, FL 32303 850.222.5678

www.moorebass.com ALLAHASSEE • ATLANT.

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LEGAL DESCRIPTION - EXHIBIT 'V" (FILE NUMBER 1054-8186314);

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LEGAL DESCRIPTION - EXHIBIT 'A' (FILE NUMBER 1054-6186354);

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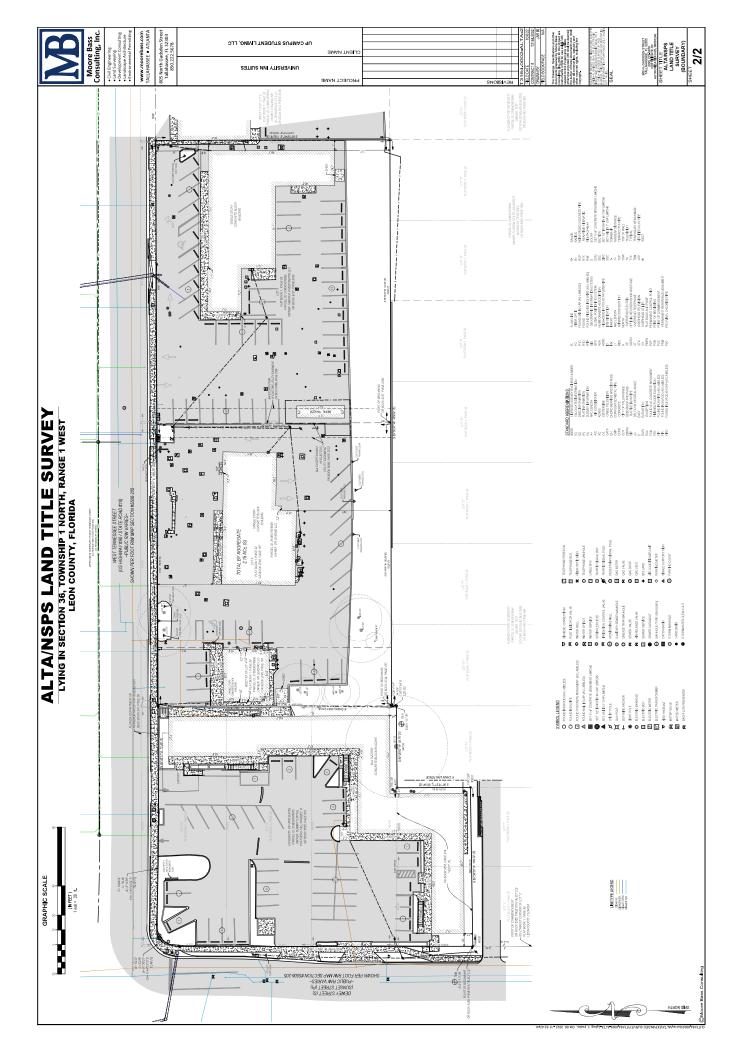
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SURVEYOR'S CERTIFICATION

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Larry D Davis and construction of the construc

HEET THE SURVEY (BOUNDARY) 1/2



Include a completed rezoning application (if applicable)

- Rezoning applications for both the City and County are available at https://www.talgov.com/place/pln-luapps.aspx.
- For the purpose of applying for a Future Land Use Map change, the Planning Department does not require a Natural Features Inventory to consider your rezoning application complete.
- The application fee for the rezoning is NOT collected at the time of your Application for Amendment of Future Land Use Map Designation. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.



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.

То:	Central Core District (CC)		
Locat numbe		_	

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.

City of Tallahassee Application for Rezoning Review

Submitted By:

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Owner's	Ivallic	0	1.

Phone:
Fax:
ST: Zip+4:
Phone: 850-222-5678
Fax:
ST: <u>FL</u> Zip+4: <u>32303</u>
-Phone:
Fax:
ST: <u>IL</u> 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.

SCHOOL IMPACT ANALYSIS FORM

Agent Name: Moore Bass Consulting, Inc.	Date: March 6, 2023		
Applicant Name: UP Campus Properties	Telephone: 850-222-5678 Fax:		
Address: 805 N. Gadsden Street	Email:Bhood@moorebass.com		
Tallahassee, FL 32303	Cackerman@moorebass.com		
① Location of the proposed Comprehensive Plan Amendment or Rezoning:			
Tax ID #: 21-36-50-057-687-0, 21-36-50-057-683-0, 21-36-50-057-682-5 & 21-36-50-057-682-0 Property address: 691, 685, 679 & 635 W. Tennessee Street, Tallahassee Related Application(s):			
② Type of requested change (check one):			
Comprehensive plan land use amendment that permits residential development. Rezoning that permits residential development. Nonresidential land use amendment adjacent to existing residential development. Nonresidential rezoning adjacent to existing residential development.			
③ Proposed change in Future Land Use or Zoning classification:			
Comprehensive plan land use From:			
X Zoning From: UT To: CC	-		
Planning Department staff use only:			
Maximum potential number of dwelling units permitted by the request: Number of dwelling units: Type(s) of dwelling units:			
Leon County Schools staff use only:			
⑤ School concurrency service areas (attendance zones) in which property is located.			
Elementary: Middle: Present capacity % Post Development capacity %	High:		

This form is required by §8.3 of the Public School Concurrency and Facility Planning Interlocal Agreement as adopted on September 1, 2006 by the City of Tallahassee, Leon County, and Leon County School Board. Pursuant to §6.4 of the Agreement, the City or County will transmit the School Impact Analysis Form to a designated employee of the School Board for review at the same time the application is submitted to all departments for review.



Attach the potable water and sanitary sewer capacity and availability analysis

- The analysis should be based on the **maximum development potential of the requested category**.
- Contact City of Tallahassee Utilities Department at (850) 891-6105 or Talquin Electric Cooperative at (850) 627-7651 and provide them with a copy of your completed Pre-Application Conference Form indicating the maximum development potential.

To be provided by the City.

TRANSIT SERVICE ANALYSIS FORM

Agent Name:	Date:	
Applicant Name:	Telephone:	
	Fax:	
Address:	Email:	
① Location of the proposed Comprehensive Plan Amer	ndment or Rezoning:	
Tax ID #:		
Property address:		
Related Application(s):		
② The proposed site is located within ¼ mile of a stop	for the following bus routes:	
	•	
Weekday Routes		
X Azalea ☐ Big Bend		
Dogwood		
Evergreen		
X Forest		
Gulf		
X Hartsfield		
Killearn		
Live Oak		
X Moss		
☐ Park		
Red Hills		
San Luis		
Southwood		
Tall Timbers		
☐ Trolley		
Campus Routes		
X Seminole Express		
☐ Venom Express		
l <u>—</u>		
nup://www.tatgov.com/starmetro/starmetro-routes.aspx		
Other Routes Other Canopy None of the above Maps and route schedules are available on the StarMetro website at http://www.talgov.com/starmetro-routes.aspx		



Attach the Applicant Statement

Answer the questions on a separate sheet(s) - these questions provide the applicant with an opportunity to explain why the requested change is needed, impacts of the change, and consistency with our community's Comprehensive Plan.

- 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 in 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

TALLAHASSEE | 850.222.5678 **ATLANTA** | 770.914.9394

moorebass.com

Attachment 8

Parcel IDs: 21-35-50-057-687-0, 21-36-50-057-683-0, 21-36-50-057-682-5 & 21-36-50-057-682-0 MBC: T3164.0002

March 14, 2023

1. Why do you want to change the Future Land Use Map?

Response: The current land use/zoning district of University Transition (UT) does not allow the intensity nor building height required for the proposed mixed-use project and the current UT zoning will likely result in housing displacement. Changing the future land use to Central Core (CC) will allow the existing dilapidated properties to be redeveloped to their highest potential along with providing a wider range of housing unit types. The current UT zoning encourages only higher-bed count units (4,5,6-Bedroom units), while the CC zoning district will help encourage housing units that can appeal to urban and university.

2. Is your request compatible with adjacent and nearby properties?

Response: Yes, this property and the other properties included in this FLUM change, are contiguous to and in very close proximity to other CC zoned properties and the uses are compatible with adjacent and nearby properties.

Are there any existing code violations associated with the subject property?

Response: There are no known code violations. Separately, one of the properties included in the change to the FLUM was a former Esso/Exxon gas service station and is enrolled in the Florida DEP environmental contamination closure program.

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.

Response: The requested change will promote the goals of the Comprehensive Plan by allowing existing properties to be redeveloped into a high density/intensity mixed-use project along this important corridor of Tallahassee where a range of apartment housing choices are needed to avoid housing displacement. The parcels being considered are located along one of Tallahassee's busiest and most visible streets and directly adjacent to other CC properties. The mixed-use project may include residential, retail and hotel components that will serve to bring people to the downtown area. The project will also improve pedestrian safety through expanded sidewalks, landscape planter

Attachment 8 Comp Plan Amendment March 14, 2023 Page 2 of 2

buffers, and creative landscape architecture along Tennessee and Dewey Streets, while reducing vehicle trips and parking congestion in the area. The project is near (approximately $\frac{1}{2}$ mile) the Star Metro Bus Station. This will encourage the use of mass transit to and from the proposed development. In addition, the mixed-use aspect of the project will allow patrons and residents to leave their cars parked while visiting multiple businesses, parks or Florida State University.