

**APPLICATION FORM
REZONING REQUEST (RZON)
INDIAN RIVER COUNTY**

Each application must be complete when submitted and must include all required attachments. An incomplete application will not be processed and will be returned to the applicant.

Assigned Project Number: RZON - <u>zc 629 2001020054-98560</u>			
	Current Owner	Applicant (Contract Purchaser)	Agent
Name:	Hiers Properties LLC	Hiers Property LLC	Mills, Short and Associates
Complete Mailing Address:	686 3rd Place, Vero Beach, FL 32962	686 3rd Place, Vero Beach, FL 32962	700 22nd Place, Suite 2C and 2D
Phone #: (including area code)	(772) 473-6982	(772) 473-6982	(334) 663-3539
Fax #: (including area code)			
E-Mail:	pbutz@classic-cushions.com	pbutz@classic-cushions.com	ldiaz@millsshortassociates.com
Contact Person:	Pamela Butz	Pamela Butz	Liz Díaz
Signature of Owner or Agent: <i>Liz Diaz</i>			
<u>Property Information</u>			
Site Address: <u>710 51st Court, Vero Beach, FL 32968</u>			
Site Tax Parcel I.D. #s: <u>33-39-16-00001-0030-00004</u> <u>33-39-16-00001-0030-00006.1</u> <u>33-39-16-00001-0030-00006.0</u>			
Subdivision Name, Unit Number, Block and Lot Number (if applicable) <u>Heirs Properties</u>			
Existing Zoning District: A-1		Existing Land Use Designation: L-1	
Requested Zoning District: RS-3			
Total (gross) Acreage of Parcel: 18.08		Acreage (net) to be Rezoned: 18.08	
Existing Use on Site: Vacant/Single-Family			
Proposed Use on Site: Single-Family Residential			
THE APPLICANT MUST ATTEND A PRE-APPLICATION CONFERENCE WITH LONG-RANGE PLANNING SECTION STAFF PRIOR TO APPLYING IN ORDER TO RESOLVE OR AVOID PROBLEMS CONNECTED WITH THE REZONING REQUEST.			

REZONING APPLICATION CHECKLIST

Please attach the following items to this application. Do not ignore any of the items. Indicate “N/A” if an item is not applicable.

ITEMS	Applicant’s Checklist	Staff Checklist
1. Fee: \$3,000.00	x	
2. Completed Rezoning Application Form (front page)	x	
3. Letter of Authorization from Current Owner(s) OR Current Owner is Applicant	X	
4. Verified statement (separate letter) naming every individual or entity having legal or equitable ownership in the property.	N/A	
5. One (1) Copy of the current Owner’s Deed	x	
6. A Current Owner’s Title Policy OR A Certificate of Title from a Title Company OR An attorney’s written opinion evidencing fee ownership of the property.	X	
7. A justification of change statement and detailed intended use	X	
8. One (1) SEALED boundary survey of the area to be rezoned. The boundary survey shall include, but not be limited to the following: <input type="checkbox"/> a legal description of the land to be rezoned <input type="checkbox"/> the size of the land to be rezoned <input type="checkbox"/> the public road right-of-way width of adjacent roads; and <input type="checkbox"/> a north arrow	X	
9. Electronic version (MS Word is preferable) of the legal description	X	
10. Provide a digital map file of the boundary Survey provided in Item 8 above in either AutoCAD (.dwg) or Esri Shape file (.shp) format.	X	
11. Copy of Approved Concurrency Certificate OR Copy of filed application for Concurrency Certificate, including traffic study, if applicable	N/A	

NOTE: ITEMS 2-6 MUST INDICATE THE SAME OWNERSHIP OF THE SUBJECT PROPERTY.

Revised: September 19, 2022

