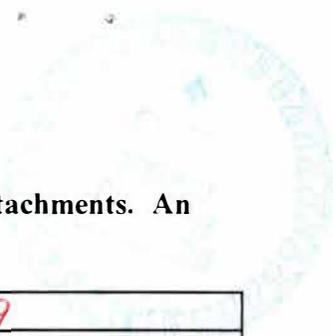


**APPLICATION FORM
REZONING REQUEST (RZON)
INDIAN RIVER COUNTY**



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>2021090086-90882</u> <u>ZC-609</u>			
	Current Owner	Applicant (Contract Purchaser)	Agent
Name:	See Exhibit A	Supermix/Kelly Stanton	Bruce D. Barkett, Esq.
Complete Mailing Address:		4300 SW 74th Avenue Miami, FL 33155	756 Beachland Blvd Vero Beach, FL32963
Phone #: (including area code)			(772)231-4343
Fax #: (including area code)			(772)234-5213
E-Mail:			Bb@verolaw.com
Contact Person:			Bruce Barkett, Esq.
Signature of Owner or Agent:			
<u>Property Information</u>			
Site Address: 2980 Industrial Blvd., Vero Beach, Florida			
Site Tax Parcel I.D. #s: Parcel 1: 323922-000001-00000003.1			
Parcel 2: 323922-000001-00000003.2			
Subdivision Name, Unit Number, Block and Lot Number (if applicable)			
Existing Zoning District: A-1		Existing Land Use Designation: C1	
Requested Zoning District: IG			
Total (gross) Acreage of Parcel: 9.2		Acreage (net) to be Rezoned: 9.2	
Existing Use on Site: Vacant			
Proposed Use on Site: General Industrial			
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	✓	
2. Completed Rezoning Application Form (front page)	✓	
3. Letter of Authorization from Current Owner(s) OR Current Owner is Applicant	✓	
4. Verified statement (separate letter) naming every individual or entity having legal or equitable ownership in the property.	Title Commitment Attached	
5. One (1) Copy of the current Owner's Deed		
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.	Title Commitment Attached	
7. 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; <input type="checkbox"/> and <input type="checkbox"/> a north arrow	✓	
8. <input type="checkbox"/> Electronic version (MS Word is preferable) of the legal description	✓	
9. Provide a digital map file of the boundary Survey provided in Item 7 above in either AutoCAD (.dwg) or Esri Shape file (.shp) format.	✓	
10. Copy of Approved Concurrency Certificate OR Copy of filed application for Concurrency Certificate, including traffic study, if applicable	✓	

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

Revised: February 18, 2021

**Indian River County
Future Land Use Map Amendment/Rezoning
Authorization Form**

TO: Planning Division
Indian River County
1801 27th Street
Vero Beach, FL 32960

FROM: Brian Jenkins, Co-Trustee
(Property Owner) 3005 51st Place
Vero Beach, FL 32967

Property Tax I.D. #: 32392200000100000003.1

Property Address: 2980 Industrial Boulevard, Vero Beach, FL

The undersigned is hereby authorized Bruce Barkett to act as agent and/or make application to Indian River County for the above referenced property for the following applications (please mark the appropriate box):

- Future Land Use Amendment
- Rezoning

BRIAN JENKINS

Owners Name (Print)


Owners Signature

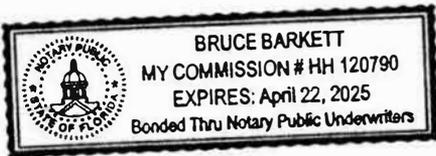
8/20/21

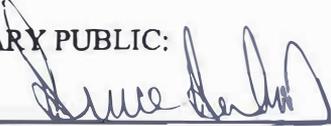
Date

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me this 20 day of August, 2021 by Brian Jenkins, **Owner**, who is personally known to me or who has produced _____ (passport or driver's license) as identification.

(SEAL)



NOTARY PUBLIC:
Sign: 

Printed Name: _____

Commission Number: _____

Commission Expiration: _____