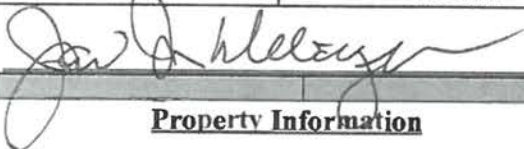



**APPLICATION FORM
REZONING REQUEST (RZON)
INDIAN RIVER COUNTY**

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 - _____			
	Current Owner	Applicant (Contract Purchaser)	Agent
Name:	MJS Vero Land, LLC	LC Construction Florida, Inc.	BGE, Inc.
Complete Mailing Address:	120 S. University Dr., Ste B, Plantation, FL 33324	1054 Gateway Blvd., 107, Boynton Beach, FL 33426	1515 Indian River Boulevard, Ste A-245, Vero Beach, FL 32980
Phone #: (including area code)	954-475-8855	561-789-5558	772-217-5954
Fax #: (including area code)	954-475-9452		
E-Mail:	jwbrinwo@aol.com	scohen@capanoinc.com	jvitter@bgeinc.com
Contact Person:	James W. Inklebarger	Steve Cohen	Jim Vitter
Signature of Owner or Agent: 			
Property Information			
Site Address: 6600 16th Street, Vero Beach, FL 32966			
Site Tax Parcel I.D. #s: 33390600001015000004.0 33390600001016000001.0			
Subdivision Name, Unit Number, Block and Lot Number (if applicable)			
Existing Zoning District: RM-6		Existing Land Use Designation: M-1	
Requested Zoning District: RM-8			
Total (gross) Acreage of Parcel: 19.32		Acreage (net) to be Rezoned: 19.32	
Existing Use on Site: Undeveloped property			
Proposed Use on Site: Residential - Multi-Family			
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.	X	
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. 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		
8. Electronic version (MS Word is preferable) of the legal description	X	
9. Copy of Approved Concurrency Certificate OR Copy of filed application for Concurrency Certificate, including traffic study, if applicable	X	

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

Revised: June 10, 2019

F:\Community Development\APPLICATIONS\Comp. Plan and Rezoning applications\rezoningrequestform - Updated 2019.docx

**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: JAMES W INKLEBERGER
(Property Owner) 120 S. UNIVERSITY DR
PLANTATION, FL 33324

Property Tax I.D. #: 33390600001015000004.0
33390600001016000001.0

Property Address: 6600 16TH STREET, VERO BEACH, FL 32966

The undersigned is hereby authorized Jim Utter 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

JAMES W INKLEBERGER
Owners Name (Print)

Date 8/13/2020

[Signature]
Owners Signature

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me this 13 day of AUGUST, 2020 by James W. Inkleberger, Owner, who is personally known to me or who has produced _____ (passport or driver's license) as identification.

(SEAL)

NOTARY PUBLIC:
Sign: [Signature]

Printed Name: ATHLYN FLAGG

Commission Number: _____
ATHLYN ANN FLAGG
Commission # GG 344371

Commission Expiration: _____
Expires July 8, 2023
Bonded Thru Budget Notary Services

