

**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>2005090174-93779</u> ZC-610			
	Current Owner	Applicant (Contract Purchaser)	Agent
Name:	Treasure Coast Community Health Inc.	same as owner	MBV Engineering, Inc.
Complete Mailing Address:	12196 CR 512, Fellsmere, FL 32948		1835 20th Street, Vero Beach, FL 32960
Phone #: (including area code)	772-571-1986		772-569-0035
Fax #: (including area code)			772-778-3672
E-Mail:			
Contact Person:	Vicki Soule		
Signature of Owner or Agent: <i>Vicki Soule</i>			
Property Information			
Site Address: 1525 & 1545 & 1565 9th Street SW			
Site Tax Parcel I.D. #s: <u>33-39-26-00001-0010-00002.1, 33-39-26-00001-0010-00003.0, and 33-39-26-00001-0010-00004.1</u>			
Subdivision Name, Unit Number, Block and Lot Number (if applicable)			
Existing Zoning District: CH/CG		Existing Land Use Designation: C/I	
Requested Zoning District: MED			
Total (gross) Acreage of Parcel: 4.3		Acreage (net) to be Rezoned: 4.3 4.46 06/23/23	
Existing Use on Site: Storage & Professional Services (Medical)			
Proposed Use on Site: Professional Services (Medical)			
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	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	X	✓

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

Revised: September 19, 2022

**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: Treasure Coast Community Health, Inc.
(Property Owner) _____

Property Tax I.D. #: 33-39-26-0001-0010-00002.1 & 3.0 & 4.1

Property Address: 1525 & 1545 & 1565 9th Street SW

The undersigned is hereby authorized _____ 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

Vicki Soule
Owners Name (Print)

10/25/22
Date

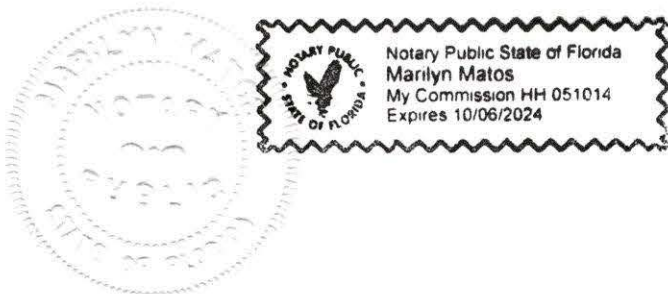
Vicki Soule
Owners Signature

**STATE OF FLORIDA
COUNTY OF INDIAN RIVER**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 25th day of October, 20 22 by Vicki Soule.

Personally know OR produced identification

(SEAL)



NOTARY PUBLIC:

Sign: Marilyn Matos

Printed Name: MARILYN MATOS

Commission Number: HH051014

Commission Expiration: 10/6/2024