


**APPLICATION FORM
REZONING REQUEST (RZON) ATTACHMENT 3
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:	School Street Apartments, LLC	Channel FL 1, LLC	Schulke, Bittle & Stoddard, LLC
Complete Mailing Address:	4560 54th Dr Lot #5 Vero Beach, FL 32967	9858 Clint Moore Rd Suite C111-263 Boca Raton, FL 33496	1717 Indian River Blvd Ste 201 Vero Beach, FL 32960
Phone #: (including area code)		607-592-3703	772-770-9622
Fax #: (including area code)			
E-Mail:		joshk@channelcos.com	jschulke@sbsengineers.com
Contact Person:		Josh Kroll	Joseph W Schulke
Signature of Owner or Agent:  10/18/23			
<u>Property Information</u>			
Site Address: 4630 54th Dr Vero Beach, FL 32967			
Site Tax Parcel I.D. #s: 32392100001014000001.1			
Subdivision Name, Unit Number, Block and Lot Number (if applicable)			
Existing Zoning District: RS-6		Existing Land Use Designation: M-2	
Requested Zoning District: RMH-8			
Total (gross) Acreage of Parcel: 2		Acreage (net) to be Rezoned: 2	
Existing Use on Site:			
Proposed Use on Site: Manufactured home community			
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. 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 Traffic Study - N/a	

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: School Street Apartments, LLC
(Property Owner) 566 South Sixth Street
Lindenhurst, NY 11757

Property Tax I.D. #: 32-39-21-00001-0140-00001/0 and 32-39-21-00001-0140-00001/1

Property Address: 4520 and 4630 54th Drive, Vero Beach, Florida 32967

The undersigned is hereby authorized Schulke, Bittle and Stoddard and Channel FL I, LLC 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

John Gerrato

Owners Name (Print)

October 16, 2023

Date

John Gerrato

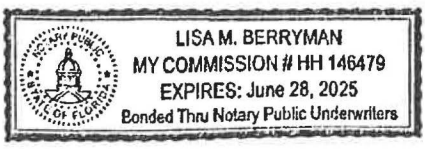
Owners Signature

**STATE OF FLORIDA
COUNTY OF INDIAN RIVER**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16th day of October, 2023 by John Gerrato.

Personally know OR produced identification DL

(SEAL)



NOTARY PUBLIC:
Sign: [Signature]
Printed Name: _____
Commission Number: _____
Commission Expiration: _____