

**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:	Gladys Bastin	Gladys Bastin	
Complete Mailing Address:	7276 16th St Vero Beach FL 32964	7276 16th St Vero Beach FL, 32964	
Phone #: (including area code)	772-633-6039		
Fax #: (including area code)			
E-Mail:	heldenc057@gmail.com		
Contact Person:	Gladys Bastin		

Signature of Owner or Agent: _____

Property Information

Site Address: 7276 16th St

Site Tax Parcel I.D. #: 33390600001013000003.0

Subdivision Name, Unit Number, Block and Lot Number (if applicable)

Existing Zoning District: A-1	Existing Land Use Designation: M-1
Requested Zoning District: RS-6	
Total (gross) Acreage of Parcel:	Acreage (net) to be Rezoned: 1.5

Existing Use on Site: Single family home

Proposed Use on Site: Re-zone to split a parcel off & give to grandson to build a home

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.		
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.		
7. A justification of change statement and detailed intended use		
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		
9. Electronic version (MS Word is preferable) of the legal description		
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.		
11. 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: 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: _____
(Property Owner) _____

Property Tax I.D. #: _____

Property Address: _____

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

Owners Name (Print)

Date

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 _____ day of _____, 20_____ by _____.

Personally know OR produced identification _____

(SEAL)

NOTARY PUBLIC:

Sign: _____

Printed Name: _____

Commission Number: _____

Commission Expiration: _____