APPLICATION FORM REZONING REQUEST (RZON) INDIAN RIVER COUNTY

Y

Ť

8

2

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	er: RZON - 2005090174-	93779 2	C-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: Decki Soule			
Property Information Site Address: 1525 & 1565 9th Street SW				
Site Tax Parcel I.D. #s: -33-39-26-00001-0010	-00002.1, 33-39-26-00001-001	0-00003.0, and 33-39-5	26-00001-0010-00004.1	
Subdivision Name, Unit	Number, Block and Lot Number ((if applicable)		
Existing Zoning District: CH/CG		Existing Land Use Desi	gnation: C/I	
Requested Zoning Distri	ict: MED			
Total (gross) Acreage of Parcel: 4.3		Acreage (net) to be Rezoned: 4.3 4.46 6 2/3/2		
Existing Use on Site: S	torage & Professional S	Services (Medica	I)	
Existing Use on Site.				
	Professional Services (Medical)		

Ĭ.

್ಷ

REZONING APPLICATION CHECKLIST

1 3

÷Ē

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)	х			
 Letter of Authorization from Current Owner(s) OR Current Owner is Applicant 	X	\checkmark		
 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			
 A Current Owner's Title Policy <u>OR</u> A Certificate of Title from a Title Company <u>OR</u> An attorney's written opinion evidencing fee ownership of the property. 	X			
7. A justification of change statement and detailed intended use	Х			
 One (1) <u>SEALED</u> boundary survey of the area to be rezoned. The boundary survey shall include, but not be limited to the following: 	x	2		
 a legal description of the land to be rezoned the size of the land to be rezoned the public road right-of-way width of adjacent roads; and a north arrow 		V		
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			
 Copy of Approved Concurrency Certificate <u>OR</u> Copy of filed application for Concurrency Certificate, including traffic study, if applicable 	x			

ach the following items to this application are any of the items Indiante "N/A" if an Do not in

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

Revised: September 19, 2022

F:\Community Development\APPLICATIONS\Comp. Plan and Rezoning applications\rezoningrequestform - Updated 2021.docx

2

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)	0	
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

Jicki Soule

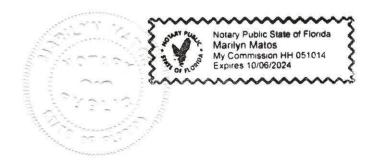
Owners Signature

STATE OF FLORIDA COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me by means of \square physical presence or \square online notarization, this $25^{+/}$ day of 0cfober, 202^{-} by $\sqrt{32^{-}}$ by $\sqrt{32^{-}}$.

Personally know \square OR produced identification \square

(SEAL)



NOTARY PUBLIC:

Mais Muto Sign:

Printed Name: MARILYN MATUS

Commission Number: <u>HH051014</u>

Commission Expiration: 10/6/2024

Attachment 3