



# CITY OF BELLEVIEW

City with Small Town Charm

[www.belleviewfl.org](http://www.belleviewfl.org)

## Development Services

5525 SE 119<sup>th</sup> St.

Belleview, FL 34420

Office: 352-245-7021

Fax: 352-307-7708

## REZONING APPLICATION FEE:

\$1,000.00

### Applicant Information:

Name of Petitioner(s): \_\_\_\_\_

(Or Company/Corp. Name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Property Owner (If Different): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Property Information:

Legal description of the property for which the rezoning is being requested (also include an electronic copy of the legal description and a marked map):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street address of the property: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Block/Lot: \_\_\_\_\_

### Land Use/Zoning Information:

Existing Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Size of lot: \_\_\_\_\_ Setbacks: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Adjacent Zoning: North: \_\_\_\_\_  
South: \_\_\_\_\_  
West: \_\_\_\_\_  
East: \_\_\_\_\_

Adjacent Land Use: North: \_\_\_\_\_  
South: \_\_\_\_\_  
West: \_\_\_\_\_  
East: \_\_\_\_\_

Adjacent Actual Use: North: \_\_\_\_\_  
South: \_\_\_\_\_  
West: \_\_\_\_\_  
East: \_\_\_\_\_

Reason for the request:

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**Deed or other proof of ownership must be attached to application.**

Owners Certification (notarized letter of authorization from the property owner for the applicant is required if the applicant is other than owner of record):

This application is submitted in compliance with Article 9 of the Zoning code of the Land Development Regulations, of which I have received a copy. I understand that a property owner cannot initiate a rezoning request affecting the same parcel of land more often than once every six months following denial or once every twelve months following approval. I do hereby certify that the information on this application is accurate and complete. I understand that any incomplete or inaccurate information may cause delays and/or additional fees. I also understand that there are no fee refunds.

\_\_\_\_\_  
Signature of Applicant(s) or  
Company Rep. & Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant(s) or  
Company Rep & Title

\_\_\_\_\_  
Printed Name