



## City of Tallahassee APPLICATION FOR PUD or U-PUD REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions the City of Tallahassee for the following amendment to the Official Zoning Map changing the zoning designation:

<b>From:</b>				
<b>To:</b>	<input type="checkbox"/> PUD		<input type="checkbox"/> UPUD	
<b>Type:</b>	<input type="checkbox"/> Residential Concept Plan	<input type="checkbox"/> Non-Residential Concept Plan	<input type="checkbox"/> Mixed Use Development Concept Plan	<input type="checkbox"/> Density or Concept Revisions
<b>Project Name:</b>				
<b>Parcel Number:</b>				
<b>Total Project Acreage:</b>		<b>Total Number of Dwelling Units:</b>		
<b>Legal Description:</b>	<b>Attach a legal description of the property requested to be rezoned.</b>			

**Disclaimer:** Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code*, *Environmental Management Ordinance*, and the *Concurrency Management System Policy and Procedures Manual*.

\* **UPUD applications:** Please note that a complete site plan must be submitted as part of a UPUD application. A complete site plan must be submitted to the Growth Management Department and a receipt issued. The receipt must then be submitted to the Planning Department with the UPUD application.

**Note:** An electronic version of this application and all supporting documentation shall be submitted via email in PDF format to [beth.perrine@talgov.com](mailto:beth.perrine@talgov.com). Once the application has been reviewed and deemed complete, staff will email the applicant/agent instructions on how to submit the application fee. Once the application fee is paid, staff will then email the sign posting information to the applicant/agent. The application is considered complete once the application fee and sign posting has been processed. The direct notice and advertising fee will be billed separately once these items are completed.

	<b>FEE</b>	<b>To be completed by applicant – enter appropriate amount</b>
<b>Submittal Review Fees:</b> <i>(payable to the City of Tallahassee)</i>		
<b>1. Residential Concept Plan</b> <i>(maximum fee: \$3,500)</i>	<b>\$1500</b>	
plus \$2.00 per dwelling unit	<i>varies</i>	
<b>2. Nonresidential Concept Plan</b>	<b>\$1500</b>	
plus \$10.00 per acre	<i>varies</i>	
<b>3. Mixed Use Developments</b> <i>(maximum fee: \$3,500)</i>	<b>\$1500</b>	
plus \$2.00 per dwelling unit	<i>varies</i>	
plus \$10.00 per nonresidential acre	<i>varies</i>	
<b>4. Final Plan Review</b> (PUD/U-PUD). This amount is due to the Growth Management Dept. at the time of final site plan submittal. Please contact the City Growth Management Dept. at 891-7100 for more information.	--	--
<b>5. Density or Concept Revisions</b> to an existing PUD/U-PUD Concept Plan	<b>\$1200</b>	
<b>6. Other Minor Revisions</b> to an existing PUD/U-PUD Concept Plan	<b>\$400</b>	
<b>7. Direct Notice and Legal Advertising</b> <i>(Required for all applications; to be invoiced later. Payment required prior to Planning Commission Meeting.)</i>	<b>Actual Cost</b>	--
<b>To Be Completed by Applicant - ENTER TOTAL AMOUNT SUBMITTED →</b>		

**Submitted By:**

Owner's Name(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Agent's Name(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Optionee's Name(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application. (attach additional sheets, if necessary).

## Binding Commitment by the Applicant

This shall serve as a binding commitment by \_\_\_\_\_  
(print the name of the property owner(s))

to develop parcel(s) \_\_\_\_\_  
(list the Leon County Property Tax Identification number(s))

in accordance with the approved Planned Unit Development Concept Plan and any conditions.  
This commitment shall bind all subsequent owners.

\_\_\_\_\_ Signature \_\_\_\_\_ Date  
Property Owner/Authorized Representative

\_\_\_\_\_ Witness \_\_\_\_\_ Date

\_\_\_\_\_ Witness \_\_\_\_\_ Date



TALLAHASSEE - LEON COUNTY  
PLANNING DEPARTMENT



APPLICANT'S AFFIDAVIT OF  
OWNERSHIP & DESIGNATION OF  
AGENT

**I. Ownership.**

I, \_\_\_\_\_, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) \_\_\_\_\_

Location address: \_\_\_\_\_

\_\_\_\_\_

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

\_\_\_\_\_

Please complete the appropriate section below:

**Individual**

**Corporation**

**Partnership**

Provide Names of Officers:

Provide Names of General Partners:

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

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

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

Dept. of State Registration No.:

\_\_\_\_\_

Name/Address of Registered Agent:

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

**II. Designation of Applicant's Agent. (Leave blank if not applicable)**

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**III. Notice to Owner.**

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.) \_\_\_\_\_

\_\_\_\_\_

**IV. Acknowledgement.**

**Individual**

\_\_\_\_\_  
*Signature*  
Print  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_

**Corporation**

\_\_\_\_\_  
Print Corporation Name  
By: \_\_\_\_\_  
*Signature*  
Print  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_

**Partnership**

\_\_\_\_\_  
Print Partnership Name  
By: \_\_\_\_\_  
*Signature*  
Print  
Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No. : \_\_\_\_\_

**Please use appropriate notary block.**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**Individual**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

**Corporation**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

**Partnership**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, partner/agent on behalf of \_\_\_\_\_, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

\_\_\_\_\_  
Signature of Notary

Print Name: \_\_\_\_\_  
Notary Public

(NOTARY STAMP)

My commission expires:

Personally known \_\_\_\_\_; or  
Produced identification \_\_\_\_\_.  
Type of identification produced:  
\_\_\_\_\_