



# City of Parkland

## Planning and Zoning Department

6600 University Drive  
Parkland, FL 33067

Phone (954) 753-5040  
Fax (954) 341-5161

### STAFF USE ONLY

Intake Date: \_\_\_\_\_ By \_\_\_\_\_  
Fee Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_  
Case #: \_\_\_\_\_

- Administrative review only (sec.22-204H.)
- Commission review only (sec. 22-199 J.2)
- Full review process (sec. 22-199 J.1)

## REZONING APPLICATION

### INSTRUCTIONS TO APPLICANT:

1. Please complete all questions on the application. If not applicable, indicate with N/A.
2. Provide required attachments as shown on the attached checklist.
3. Petitioner shall pay the amount of two thousand five hundred dollars (\$2,500), advertising fees in the amount of one thousand nine hundred dollars (\$1,900.00), and engineering fees of one thousand dollars \$1,000.00 and one escrow in the amount of one thousand dollars (\$1,000) for professional fees. (Please note that each escrow must maintain a minimum balance of five hundred dollars \$500 at all times.) Since advertising and professional costs vary, the final amount will be reconciled upon receipt of invoices from the newspaper and professional contractors. **NOTE:** All cost recovery accounts must be current prior to any public hearing before the City Commission.

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

### I. PROPERTY OWNER AND AGENT INFORMATION

Property Owner(s) of Record: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Applicant (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Consultants: If applicable to your request, please attach a separate list of all consultants that will provide information on this request. Include the name, address, telephone number, and fax number as well as the type of professional service provided.

### II. PROPERTY LOCATION

A. Existing Land Use Designation: \_\_\_\_\_

B. Folio Number: If additional folios, list on a separate sheet and attach to the application.

Folio: [ ][ ]--[ ][ ]--[ ][ ]--[ ][ ]--[ ][ ]--[ ][ ][ ]--[ ][ ][ ]

C. Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ D. Net Acreage: \_\_\_\_\_ E. Gross Acreage \_\_\_\_\_

F. Project Name: \_\_\_\_\_

G. Project Address: \_\_\_\_\_

H. General Location Description (proximity to closest major intersection in miles or fractions thereof):

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**IV. PROJECT HISTORY**

(List in sequence from first application to most recent – attach additional page if necessary):

Petition Number	Request	Action	Date	Ordinance Number

**OWNER ACKNOWLEDGEMENT**

I/We: \_\_\_\_\_, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of the City of Parkland and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Parkland in order to process this application.

I/We further consent to the City of Parkland to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

**CONSENT STATEMENT**  
**Owner to complete if using agent/representative**

I/We, the aforementioned owner(s), do hereby give consent to \_\_\_\_\_ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

**NOTARY**

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ He/She is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

\_\_\_\_\_  
(Signature of Notary) My Commission Expires: \_\_\_\_\_

(NOTARY'S SEAL OR STAMP)

\_\_\_\_\_  
(Name – Must be typed, printed, or stamped)



**REZONING SUBMITTAL CHECKLIST**

**City of Parkland**  
**Planning and Zoning Department**

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<b>PLEASE CHECK</b>		
<b>YES</b>	<b>NO</b>	<b>N/A</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I. GENERAL**

- a. *A completed application signed by owner, agent and/or applicant. Agent's authorization or power of attorney must be attached if applicant is other than owner.*
- b. *Required application fees.*
- c. *One (1) copy of a warranty deed including property control number or folio number and legal description of the property.*
- d. *Impact analysis report in accordance with the requirements of section 22-202 of the Code of Ordinance.*
- e. *Five (5) copies of a justification letter for Rezoning, follow criteria from sec. 22-212 of the Code of Ordinance.*
- f. *Legal description of property (8.5' X 14' with 1" margins) and on disk (Word format).*
- g. *Five (5) copies of a survey (not more than a year old) with vicinity sketch including any and all easements of record referenced by OR Book and Page, signed and sealed by a surveyor registered in the State of Florida.*
- h. *If the rezoning increases the number of dwelling units that can be constructed on the property, provide SCAD letter from the Broward County School Board.*
- i. *An Excel formatted list of all owners within a five hundred (500) foot radius of boundary lines of the subject property from the most recent tax roll information as provided by the Broward Property Appraiser's Office. An executed affidavit signed by the person responsible for completing the property owner list.*



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### THE REZONING PROCESS

**Total time approximately 3 to 4 months**

3-5 days

5 weeks

3 to 5 weeks

3 to 5 weeks

Complete Application Submission  
*See schedule*

Project Sufficiency  
*(Exact date of DRC meeting determined by sufficiency)*

Development Review Committee (DRC)  
*2<sup>nd</sup> or 4<sup>th</sup> Wednesday of each month*

Development Review Committee Certification

Planning and Zoning Board/Public Hearing  
*1<sup>st</sup> Thursday of the month*

City Commission Meeting/1<sup>st</sup> Reading  
*1st Wednesday of the following month*

City Commission Public Hearing/2<sup>nd</sup> Reading  
*3rd Wednesday of the following month*

Public Hearing  
\*Mail Out  
*10-30 days prior to public hearing*  
\*Advertise  
*500' radius*  
*10-15 days prior to public hearing*

Public Hearing  
\*Mail Out  
*10-30 days prior to public hearing 500' radius*  
\*Advertise  
*10-15 days prior to public hearing*