



## CITY OF PAHOKEE REZONING SUBMITTAL REQUIREMENTS

The following checklist is designed to assist applicants in preparing required materials for review. The applicant should check each item to ensure that it is included. If **all** items are not present the application will **not** be accepted. The following items/documentation must be submitted for Site Plan Review.

- ☐ 1. Completed Rezoning Application
- ☐ 2. \$2000 Review Fee - Plus \$500 - \$2000 advertising deposit, in a check payable to the City of Pahokee.
- ☐ 3. Proof of Property Ownership. (i.e. deed, property appraiser, or contract to purchase).
- ☐ 4. Designation of Quasi Judicial Form.  
This form names that person who will represent the said application at required meetings and shows that the property owner, if other than the applicant, gives the applicant permission to do so.
- ☐ 5. A Location Map which delineates the project boundaries on the Palm Beach County Property Appraiser's Maps.
- ☐ 6. An Aerial Photograph of the site.
- ☐ 7. Six (10) copies of a boundary survey prepared, signed and sealed by a registered Florida Land Surveyor.
- ☐ 8. Certified list and mailing labels of property owners within a 200 foot radius of said property (certification means from a planning and zoning consultant, real estate research company, and surveyor, etc.)
- ☐ 9. Complete Public Hearing Affidavit.
- ☐ 10. Justification letter stating how the proposed rezoning is consistent with the comprehensive plan is compatible with surrounding zonings, will not adversely affect surrounding living conditions, property values, etc. (Section H (5 - 8))



**CITY OF PAHOKEE  
REZONING APPLICATION**  
(Incomplete Applications will not be accepted.)

**FOR STAFF USE ONLY**

Project No.: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Fee Collected: \_\_\_\_\_

Name of Development: (if applicable) \_\_\_\_\_

Location of the Site by Street Address: \_\_\_\_\_

Name of Legal Owner of the Development Site: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of Acting Agent: (on behalf of legal owner\*) \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Size of Parcel \_\_\_\_\_ Dimensions \_\_\_\_\_ Acres \_\_\_\_\_ Square Feet \_\_\_\_\_

Specific Nature of intended uses of Development Site: \_\_\_\_\_

\* Please attach separate sheet if insufficient space

The square footage of all existing and proposed uses on the development site individually and in aggregate.

Individually \_\_\_\_\_ Aggregate \_\_\_\_\_

The gross density and/or intensity in dwelling units per acre and/or floor area ratio (FAR) \_\_\_\_\_

Existing Land Use\* \_\_\_\_\_ Future Land Use Designation \* \_\_\_\_\_

\* As shown on the Official Zoning Map and the Adopted Future Land Use Map

Current Zoning \* \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Description of Request:

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



## OWNER'S AFFIDAVIT APPLICANT'S PETITION AND CERTIFICATION

The undersigned hereby petitions the City of Pahokee Staff, Land Development Board, and the City Council to call Public Hearings upon due Public Notice in accordance with the Rules, Regulations, and Laws as promulgated by the City of Pahokee. The cost of such petition and notice and other costs as promulgated by rule is hereby assumed by the undersigned.

It is hereby affirmed and certified that the undersigned will comply with the provisions and regulations and applicable sections of the Comprehensive Plan and Land Development Code. It is further certified by the undersigned that the statements, the statements for showing made in any paper or plans submitted and made herewith are true to the best of the knowledge and belief of the undersigned. Further, the undersigned affirms that this application, attachments, and fees become part of the official records of the City of Pahokee upon application and are not returnable.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

Applicant is: (circle one)

Owner

Agent

Optionee

Contract Purchaser

Lessee

Applicant Information:

Name of Owner(s) if Other Than Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

Name of Person Responsible for Petition if other than the Applicant

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

STATE OF FLORIDA:

COUNTY OF PALM BEACH:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_,

by \_\_\_\_\_, owner of property who is personally known to me or has produced identification ( \_\_\_\_\_ ) and (type of identification) who ( did / did not ) take an oath.

\_\_\_\_\_  
Notary Public State of Florida (Signature)

\_\_\_\_\_  
Print Name of Notary

My Commission expires: \_\_\_\_\_



## DESIGNATION OF AGENT FOR QUASI-JUDICIAL PROCEEDINGS

DATE: \_\_\_\_\_

FILE NO.: \_\_\_\_\_

IN THE MATTER OF: \_\_\_\_\_

ANY PERSON APPEARING ON YOUR BEHALF, IN YOUR ABSENCE, MUST BE DESIGNATED AS YOUR AGENT ON THIS FORM OR SUCH PERSON WILL NOT BE ENTITLED TO SPEAK AT THE QUASI-JUDICIAL HEARING AND THE MATTER MAY BE DETERMINED WITHOUT THE BENEFIT OF THEIR TESTIMONY.

\_\_\_\_\_, WILL ATTEND THE QUASI-JUDICIAL HEARING  
(Print name of Agent)

TO BE HELD IN MY ABSENCE. IN ADDITION, \_\_\_\_\_  
HAS MY PERMISSION TO ACT AS MY AGENT IN ALL MATTERS RELATING TO ANY  
PROCEEDINGS RELATED TO \_\_\_\_\_  
(Address of subject property)

THIS FORM MUST BE RETURNED PRIOR TO THE QUASI-JUDICIAL HEARING.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Designated Agent

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Print Name of Designated Agent

Address of Designated Agent: \_\_\_\_\_

City- State- Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

STATE OF FLORIDA:  
COUNTY OF PALM BEACH:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_,  
by \_\_\_\_\_, owner of property who is personally known to me or has produced  
identification ( \_\_\_\_\_ ) and (type of identification) who ( did / did not ) take an oath.

\_\_\_\_\_  
Notary Public State of Florida (Signature)

\_\_\_\_\_  
Print Name of Notary

My Commission expires: \_\_\_\_\_