

City of Temple Terrace



Guide to Zoning Reclassification Application and Process

January 2011

ZONING RECLASSIFICATION: PROCEDURE OVERVIEW

A zoning reclassification may be applied for when a property owner wants to change the official zoning designation on his/her property. The criteria for review and approval of a zoning reclassification are based on the applicable land use designation and policies of the City of Temple Terrace Comprehensive Land Use Plan, the character of the surrounding area as well as other applicable City plans and goals. At least one (but may involve two) public hearing/s are required before the City Council which makes final decision. From filing to final decision, the process typically takes a minimum of three (3) months. The planner assigned to your petition will be your main contact person throughout the process.

- Step One** The Property Owner/Applicant conducts a Pre-Application Conference with the Community Development Department staff to discuss the proposed project.
- Step Two** Property Owner/Applicant submits Zoning Reclassification Application and supporting information/documents.
- Step Three** Community Development reviews submitted materials and prepares documents for Agency/Committee Reviews.
- Step Four** Agency/Committee Review:
- The Hillsborough County Community School Board (reviews and reports on the application for consistency with school concurrency regulations.) (If Applicable)
 - The Hillsborough County City County Planning Commission (reviews and reports on the application for consistency with city of temple terrace comprehensive plan.)
 - The Development Review Committee (comprised of representatives for the various City departments that review and report on the application based on their specific duties and responsibilities.)

Step Five

The planner assigned to your petition will prepare a staff report for the City Council and schedules a hearing date.

Step Six

The City Council makes the final decision, taking into consideration the staff reports, and the testimonies of the staff, the petitioner, and the public. The required public hearing(s) will be scheduled during regular City Council meetings, which are held the first and third Tuesday of each month.



CITY OF TEMPLE TERRACE

"A City for Living"

COMMUNITY DEVELOPMENT DEPARTMENT

11250 N. 56TH STREET
TEMPLE TERRACE, FL 33617
(813)506-6460 FAX (813)506-6471
www.templeterrace.com

ZONING RECLASSIFICATION APPLICATION

Application Number _____

Date: _____

ZONING RECLASSIFICATION - SCHEDULE OF FEES

Single Family Lot	\$250.00*
Commercial	\$1,000.00*
	* Plus Advertising Cost

* Advertising Cost is to pay for the legal advertisement required by Florida Statute in the local newspaper as well as notice to the surrounding property owners. These advertising requirements are performed by the City Clerk and the property owner will be billed separately by that department subsequent to advertising.

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Name of Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

NOTE: Please fill out the Authorized Agent Affidavit if the zoning reclassification is being applied for by someone other than the property owner.

ZONING RECLASSIFICATION REQUEST:

Property's Street Address(es): _____

Acreage/Size of Property: _____

Existing Zoning: _____ Proposed Zoning: _____

Please include the following information in the application package:

- Completed Zoning Reclassification Application
- Application Filing Fee
- Authorized Agent Affidavit (if required).
- Copy of Deed showing current owners of record.
- Electronic Copy of Legal Description. Must be submitted in Microsoft Word format.
- Boundary Survey or Plat.

IF ALL THE REQUIRED INFORMATION DETAILED ABOVE IS NOT SUBMITTED AT THE TIME OF APPLICATION, THE ZONING RECLASSIFICATION APPLICATION PACKET WILL NOT BE ACCEPTED BY THE COMMUNITY DEVELOPMENT DEPARTMENT.

SIGNATURE OF APPLICANT/OWNER:

I hereby certify that I am (we are) owner(s) of record of the above described property or I (we) have written permission from the owner(s) of record (copy of authorized agent affidavit attached) to request this action. I hereby certify that the information submitted on this application is true and correct to the best of my knowledge at the time of application.

APPLICANT NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

SIGNATURE OF APPLICANT/OWNER

DATE

NOTE: All persons having a legal or equitable ownership interest in the property must sign the application (attach an *Additional Owner Signature Sheet* if necessary). Publicly held corporations must provide the name and address of the corporation and principal executive officers.

NOTARY FOR SIGNATURE:

The foregoing instrument was acknowledged before me this _____ day of _____, 20

by _____ who is personally know to me or produced

_____ as identification and who did _____ or did not _____ take an oath.

Signature of Notary Public – State of Florida, County of _____

Printed name of Notary Public - State of Florida, County of _____

My Commission expires: _____

(seal)