CITY OF WILTON MANORS
"THE ISLAND CITY"

Community Development Services Department
2020 Wilton Drive Wilton Manors, Florida 33305
954-390-2180 Phone 954-567-6069
www.wiltonmanors.com

ZONING MAP AMENDMENTS (REZONING) APPLICATION PACKAGE

This package includes:

- General Submittal Procedures
- Submittal Checklist
- Application
- Authorized Agent Affidavit
- Permission to Reproduce Drawings and Documents

GENERAL PROCEDURES FOR FILING A ZONING MAP AMENDMENT SUBMITTAL APPLICATION:

- Zoning Map Amendment submittal applications may be obtained at the Community Services Department and may be initiated by the owner of the property involved or his legally designated representative.

- Applicants for Zoning Map Amendments are required to arrange a pre-application conference prior to submittal to discuss their requests with a member of the Community Services Department staff. You may arrange an appointment by calling 954-390-2180.

- An application for a Zoning Map Amendment together with the appropriate fee, as established by resolution of City Commission, shall be submitted with forms provided by the Community Services Department following the pre-application conference.

- The Community Services Department shall review the application and all support documents for completeness and notify the applicant of any deficiencies in the application or support documents and specify what additional requirements are to be met. Once the Community Services Department has determined that the application and support documents are complete, the application and support documents shall be distributed to the Development Review Committee (DRC). The DRC consists of staff from several different City Departments who review plans for compliance within their areas of expertise.

- For purposes of expediting the review process the DRC shall simultaneously review application for concurrency management and compliance with City codes, rules and regulations.

- The DRC shall forward their recommendations and findings to the Planning and Zoning Board.

- The Community Services Department shall place the application upon the next most appropriate Planning and Zoning Board agenda for public hearing. Planning and Zoning Board meetings are held regularly on the first Monday after the first Tuesday of each month, beginning at 7:00 p.m. A schedule of meeting dates and deadlines is available at the Community Services Department.

- The applicant will receive an agenda and staff report concerning the proposed Zoning Map Amendment and staff recommendations prior to the Planning and Zoning Board meeting.

- The Planning and Zoning Board shall hold its public hearing, and shall, after reviewing the application, staff recommendation and public input, if any, make a recommendation upon the application to the City Commission of approval, denial, or approval with stipulations, based upon its consideration of the consistency of the application with the Comprehensive Plan.

- The application will proceed to the City Commission only if there is a recommendation for approval or approval with stipulations by the Planning and Zoning Board.

- The City Commission will hold a public hearing to consider public testimony, and the staff and the Planning and Zoning Board recommendations, and shall take action on the application. Approval of Zoning Map Amendments shall be by ordinance, which will require at least two public hearings.

- A change in zoning makes no explicit or implied guarantees that services or facilities are available to serve the proposed development at the time of rezoning.

- The initial application submittal shall be accompanied by twelve (12) copies of the site plan and other required plans and documents. All plans shall be folded and bound together in separate plan sets with a cover sheet indicating plan sheet numbers. The overall size of plans shall be twenty-four (24) by thirty six (36) inches drawn at a scale no smaller than one (1) inch equals twenty (20) feet except when a smaller scale is approved by the Community Services Department. All plans shall be prepared by professional land surveyors, engineers, architects, landscape architects, or other appropriate professionals as applicable. Such professionals shall be licensed and registered in the State of Florida. All plans shall be prepared by the proper professionals as determined by applicable laws;

ZONING MAP AMENDMENTS (REZONING) APPLICATION
Submittal Checklist

(Please refer to Unified Land Development Regulations Article 100 for more information)

Staff Use – √ for each item submitted	**Required Items (This list may be modified after the pre-application with Staff)**
	• Owner's and agent's name, address, telephone number and notarized signature (On application)
	• Notarized signature of owner(s) and agent(s) (On application)
	• Agent's relationship to property, if applicable (On application)
	• Existing Zoning and Land Use Plan Map designations (On application)
	• Description and justification for the request (On application)
	• Legal description (On application)
	• Proof of ownership and any other party's interest in the property, including binding contract of sale
	• Copy of a certified and sealed survey dated within two (2) years, to include statement of amount of acreage or square footage of land involved, whenever the request is site-specific
	• Applications for a development permit that, if approved, are projected to generate in excess of one thousand (1,000) daily trips according to the standards listed in the table in Section 065-010 (C), shall submit to the City a traffic study assessing the proposed development's vehicular, pedestrian and bicycle access: on-site circulation; parking; any proposed roadway or easement vacations or road closures, whether permanent or temporary for construction purposes; and off-site roadway impacts, including those within adjacent neighborhoods.
	• Other Items as determined during by Staff:
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ZONING MAP AMENDMENT (REZONING) APPLICATION

Address/Location of Subject Property:_____
_____

Owner (Applicant):_____
Address:_____
Telephone #: _____Fax #: _____E-mail:_____

Agent for Applicant: _____
Address:_____
Telephone #: _____Fax #: _____E-mail:_____
Relationship: _____

Legal Description of Property Involved:_____
_____
_____
_____
_____
_____
_____
_____
_____

Existing Zoning _____Future Land Use Map designation_____

Total Acreage/Square Footage of Subject Property_____

Associated Applications (i.e., Rezoning, Plat, Comprehensive Plan amendment, etc.): _____
_____
_____

Current Use of Land _____
_____
_____

Description of Proposed Development_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I, _____ certify that I am the owner or authorized representative of the property described herein, and that all answers to the questions in this application and any sketches, data or other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief.

_____	_____	
Signature of Property Owner	Print or type name	Date
_____	_____	
Signature of Agent (if applicable)	Print or type name	Date
	_____	

STATE OF FLORIDA)
)

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this _____ day of _____, ____, by _____ who is personally known to me or who has produced _____ as identification and who did not take an oath.

_____
Notary Public

_____
Print or type name
My Commission Expires: _____

Authorized Agent Affidavit

NOTE: IF THE APPLICANT IS REPRESENTED BY AN AGENT, THE FOLLOWING POWER OF ATTORNEY MUST BE PROPERLY EXECUTED.

KNOW ALL MEN THAT I, _____, do hereby constitute and appoint _____ my true and lawful agent, to execute the foregoing instrument in my name, place and stead this _____ day of _____, _____.

Date:_____ _____
Signature of owner or authorized agent

_____
Print or type name

_____
Name of owner/agent entity if a corporation, L.L.C., partnership, trust, etc.

_____
Representative capacity of person signing Affidavit:
President or Vice President of Corporation
Managing Member of L.L.C.
General Partner
Trustee
Etc.

STATE OF FLORIDA)
)

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this _____ day of _____, ____, by _____ who is personally known to me or who has produced _____ as identification and who did not take an oath.

_____
Notary Public

_____
Print or type name
My Commission Expires: _____

Permission to Reproduce Drawings and Documents

IF DRAWINGS PREPARED BY AN ARCHITECTURAL, ENGINEERING OR OTHER FIRM ARE SUBMITTED, THE FIRM MUST EXECUTE THE PERMISSION TO REPRODUCE ON THE FOLLOWING PAGE.

AFFIDAVIT

KNOW ALL MEN THAT I, _____, _____(Title), of the firm of _____, do hereby grant the City of Wilton Manors permission to reproduce all or a portion of all plans, drawings, etc., submitted in connection with the foregoing application.

_____
Signature

_____
Print or type name

Title:_____
Date:_____

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this _____ day of _____, ____, by _____ who is personally known to me or who has produced _____ as identification and who did not take an oath.

_____
Notary Public

_____
Print or type name
My Commission Expires: _____