



**CITY OF GREENACRES  
APPLICATION FOR  
ZONING CHANGE APPROVAL**

**INSTRUCTIONS TO APPLICANT:**

1. Answer all questions completely.
2. A filing fee in the amount of Two Thousand Two Hundred Ten Dollars (\$2,210.00) and advertising fees in the amount of Six Hundred Fifty Dollars (\$650.00) must accompany this application.  
**Since advertising Wtghj UfnzH YZbU'Ua ci bhik J`VYfYWtbWjYX'i dcb'fYWW]dhcZ]bj c]Wg from the newspaper.**
3. Provide required attachments (warranty deed, survey, list of property owners and plans) as shown on the attached checklist.

1. **PROJECT NAME:** \_\_\_\_\_

2. **AGENT'S NAME:** \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

3. **OWNER'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

4. **\*CORRESPONDENCE ADDRESS:** *(If different than agent or owner)*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

***\*This is the address to which all agendas, letters and other materials will be forwarded.\****

5. **PETITIONERS STATEMENT:** (Explanation and reasons for your request)  
**Use attachments as necessary.**

6. **LOCATION & ADDRESS:** \_\_\_\_\_

7. **PARCEL IDENTIFICATION NUMBER(S):** \_\_\_\_\_

8. **PROPERTY SIZE:** (Square feet/Acres) \_\_\_\_\_

9. **PRESENT USE OF PROPERTY:** \_\_\_\_\_

10. **EXISTING ZONING OF PROPERTY:** \_\_\_\_\_

11. **PROPOSED ZONING DISTRICT (CHECK AS APPROPRIATE)**

- |                                                        |                                             |                          |
|--------------------------------------------------------|---------------------------------------------|--------------------------|
| <input type="checkbox"/> AGRICULTURAL RESIDENTIAL (AR) | MIXED DEVELOPMENT (MXD-C OR MXD-R)          | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL ESTATE (RE)       | MIXED USE DEVELOPMENT-OFFICE (MXD-O)        | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL LOW -1 (RL-1)     | MIXED DEVELOPMENT-ORIGINAL SECTION (MXD-OS) | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL LOW -2 (RL-2)     | OFFICE, PROFESSIONAL, INSTITUTIONAL (OPI)   | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL LOW -3 (RL-3)     | COMMERICAL NEIGHBORHOOD (CN)                | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL MEDIUM-1 (RM-1)   | COMMERICAL GENERAL (CG)                     | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL MEDIUM-2 (RM-2)   | COMMERICAL INTENSIVE (CI)                   | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL HIGH (RH)         | GOVERNMENT USE (GU)                         | <input type="checkbox"/> |
| <input type="checkbox"/> RESIDENTIAL MOBILE HOME (RMH) | STUDY AREA ZONE (SAZ)                       | <input type="checkbox"/> |







- J. That the proposed change will not constitute a grant of special privilege to an individual owner as contrasted with the public welfare.

13. **OWNER'S AUTHORIZATION:** Each petition must bear the signatures of all owners of property in the petitioned area. **A letter of authorization allowing a person other than the owner to sign or represent such a petition must be attached to and accompany this petition.**

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

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Type Name of owner(s)

\_\_\_\_\_  
Type Name of Applicant

**SWORN TO AND SUBSCRIBED BEFORE ME** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, who is personally known to me, or who has  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Notary Name (Typed, Stamped or Printed)

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF GREENACRES  
APPLICATION FOR ZONING CHANGE**

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**AFFIDAVIT**

STATE OF FLORIDA            )  
COUNTY OF PALM BEACH    )  
CITY OF GREENACRES        )

BEFORE ME THIS DAY PERSONALLY APPEARED \_\_\_\_\_,  
WHO BEING DULY SWORN, DEPOSES AND SAYS:

THAT THE ACCOMPANYING LIST OF PROPERTY OWNERS, MAILING ADDRESSES AND  
LEGAL DESCRIPTIONS OF ALL PROPERTY WITHIN 300 FEET OF THE BELOW DESCRIBED  
PARCEL OF LAND IS, TO THE BEST OF HIS/HER KNOWLEDGE, COMPLETE AND  
ACCURATE AS RECORDED IN THE LATEST OFFICIAL TAX ROLLS IN THE PALM BEACH  
COUNTY COURTHOUSE.

THE SUBJECT PROPERTY IS LEGALLY DESCRIBED AS FOLLOWS:

SEE ATTACHED

FURTHER AFFIANT SAYETH NOT.

\_\_\_\_\_  
Signature

**SWORN TO AND SUBSCRIBED BEFORE ME** this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Notary's Signature)

MY COMMISSION EXPIRES: \_\_\_\_\_



**CITY OF GREENACRES  
ZONING CHANGE  
SUBMITTAL CHECKLIST**

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CITY USE		
YES	NO	N/A

**I. GENERAL**

- |                          |                          |                          |                                                                                                                                                                                                                                                                        |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Application Review and Advertising Fee.                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Completed application signed by owner and applicant. <b>Agent's authorization or power of attorney must be attached if applicant is other than owner.</b>                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Copy of Warranty Deed including property control number or folio number and legal description of the property.                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. All residential projects must submit a completed School Concurrency Form (attached). The form will be sent back to the applicant after sufficiency review. The applicant must then submit it to the School District and pay any fees.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. A list of all property owners within a 300' radius of boundary lines of the subject property and a vicinity map delineating the proposed area and its boundaries from the most recent tax roll information as provided by the Palm Beach County Appraiser's Office. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Executed affidavit signed by the person responsible for completing the property owner list.                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Two (2) sets of <b>STAMPED</b> ( <i>meter stamps not acceptable</i> ), plain envelopes with the typed names of the owners within a 300' radius of the boundary lines of the subject property. No return address.                                                    |

## II. SURVEY

- a. Copies:
  - Seven (7) copies (24" x 36")
  - 1 copy (11" x 17")
  - 1 disk containing electronic copies of all plans in TIFF format.
- b. A signed and sealed survey (**not more than a year old**) and legal description of the property, including any and all easements of record (referenced by OR Book and page), prepared by a surveyor registered in the State of Florida.

## III. DEVELOPMENT CONCEPT PLAN

- a. Copies:
  - Seven (7) copies (24" x 36")
  - 1 copy (11" x 17")
- b. The boundaries and dimensions of the property and its relationship to the surrounding road system including the width of the existing travelway.
- c. The location and dimension of existing manmade features such as existing roads and structures with indication as to which are to be removed, renovated or altered.
- d. The location of existing easements, watercourses, section lines, water and sewer lines, well and septic tank location, and other existing important physical features in and adjoining the project.
- e. Identification of surrounding land use, future land use designation and zoning within 100 feet of the site as well as for the petitioned site.
- f. A layout of the proposed lots and/or building sites including the following: common open areas, generalized landscaping and buffer zones, internal circulation patterns including off-street parking and loading facilities, total project density, percentage of building lot coverage, floor area square footage, percentage of impervious surface coverage, percentage of open space areas, the shape, size, location and height of all structures.
- g. Proposed phasing of construction for the project, if applicable.
- h. Estimated square footage of the structures, the number of employees, estimated seating, and the estimated number of users of the facility, such as members, students and patients, if uses other than residential proposed.
- i. Proposed hours of operation for commercial uses.
- j. A drainage statement (or drainage plan if required).
- k. Size, location and orientation of signs.
- l. Proposed lighting of the premises.

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- m. Traffic Impact Analysis addressing at a minimum: Distribution and assignment of traffic, intersection improvements, additional roadway needs (travel lanes and turn lanes), traffic control devices, future right-of-way dedications and compliance with Palm Beach County Traffic Performance Standards Ordinance.

### **PLAN REVISIONS**

If revisions to the plans previously submitted are required during the application review process, the petitioner shall submit the same number of plans as required for application submittal.

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- Copies:
  - Seven (7) copies (24" x 36")
  - 1 copy (11" x 17")



## THE ZONING CHANGE PROCESS

### City of Greenacres Planning and Engineering Department

