



Community Development Department – Planning Division
1601 NW 136 Avenue, Sunrise, FL 33323 P: 954.746.3270 F: 954.746.3287

CHECKLIST FOR REZONING APPLICATION

PLEASE NOTE:

YOU ARE REQUIRED TO HAVE A PRE-APPLICATION MEETING PRIOR TO SUBMITTAL. CALL COMMUNITY DEVELOPMENT AT (954) 746-3286 TO SCHEDULE AN APPOINTMENT. SUBMITTALS ARE NOT ALLOWED ON THE SAME DAY AS THE PRE-APPLICATION MEETING. APPLICATION FEES, EXCLUDING NOTIFICATION FEES, MUST BE PAID IN FULL AT TIME OF SUBMITTAL.

Items required for submittal:

1. Application for Rezoning Approval, executed by property owner (1 original and 11 copies).
2. Check or money order made payable to the City of Sunrise, in the amount indicated by the CITY OF SUNRISE FEE SCHEDULE, [FEE SCHEDULE](#)
3. Check or money order made payable to the City of Sunrise for \$1,000.00 for consultant review. (If Necessary)
4. Letter from the applicant describing the request and, if the applicant is not the property owner, a notarized letter from the property owner consenting to the request (1 original and 11 copies).
5. Twelve (12), copies of a signed and sealed survey, not more than one year old from date of first submittal that accurately depicts all on-site improvements and existing structures including existing natural features such as topography, vegetation, water bodies and any existing structures and paved areas. Location of all easements and dedicated rights of way with O.R. Books and Page numbers provided.

Items required for re-submittal:

1. When submitting revisions, the applicant is required to provide a list of responses to all Staff comments. This list must be attached to the front of all submitted sets of plans.
2. The applicant must submit new plans. If page numbers have been changed or added, this must be noted in the list of responses.



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APPLICATION FOR REZONING

- 1. Name of Project (Development) _____
- Name of Applicant _____
- Company Name _____
- Address _____
- Telephone No. _____ Fax No. _____
- Email Address _____

Contact Person/Agent _____ Company Name _____ Address _____ Telephone No. _____ Cell No. _____ Fax No. _____ Email Address _____ <p style="text-align: center;">(IF AGENT, SUBMIT LETTER OF AUTHORIZATION)</p>
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- 2. Name of Property Owner _____
- Company Name _____
- Address _____
- Telephone No. _____ Fax No. _____
- Email Address _____

3. Legal Description of Property Covered by this Application

4. Address, or Location of Subject Property _____
5. Folio Number _____ Current Zoning _____
6. Size of Property: Overall Acres of Site _____ Sq. Ft. of use _____
7. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property. _____

8. Is there an option to purchase or lease subject property or property contiguous thereto, predicated on the approval of this application? Yes _____ No _____ If yes, who are the affected parties?

9. Are there any existing structures on the property? _____

For Office Use Only:

Staff Reviewer _____

- Application (1 original, 11 copies)
- Survey (12)
- Fee _____ Technology Fee _____
- Cost Recovery Deposit
- Applicant Request Letter (1 original, 11 copies)
- Property Owner Consent Letter (1 original, 11 copies)

DISCLOSURE OF OWNERSHIP AFFIDAVIT

All owners, must separately complete this affidavit and list their name, business address and percentage of ownership of any owner of the real property that is the subject matter of this application. All parties who have a financial interest, either directly or indirectly, in the subject real property, including but not limited to, all shareholders, beneficiaries to a trust, partners to any partnership agreement, and members of an investment group involving local participation must provide a separate affidavit.

The undersigned hereby represents that he/she is an owner of the subject property and that the names, addresses, and ownership percentages of each owner are set forth below:

Property Owner Name, Business Address and Ownership Percentage

Property Address/Legal Description

Signature

Print Name

State of _____,

County of _____:

Sworn and subscribed to before me, a Notary Public, by _____, this _____ day of _____ 20____, who is either personally known to me or who has produced _____ as identification.

My Commission Expires:

Notary Public for the State of _____

Print Name: _____