



1065 Ridgewood Avenue, Holly Hill, FL 32117

Phone: (386) 248-9442 Fax: (386) 248-9498 Permitdesk@hollyhillfl.org

01/2023

REZONE/ FUTURE LAND USE AMENDMENT

Date Received: _____ Application ID: _____ Submitted By: _____

PROJECT INFORMATION:

PROJECT NAME: _____

PARCEL ID #(S): _____

LOCATION: _____

EXISTING USE(S): _____

PROPOSED USE(S): _____

TOTAL ACREAGE: _____

WATER PROVIDER: _____

PRIVATE WELL _____

CURRENT ZONING: _____

CURRENT FUTURE LAND USE: _____

SEWER PROVIDER: _____

PRIVATE SEPTIC _____

PROPOSED ZONING: _____

PROPOSED FUTURE LAND USE: _____

APPLICANT INFORMATION:

Name: _____

E-Mail: _____

Address: _____

Phone: _____

Company: _____

Fax: _____

☐ Owner

☐ Agent for Owner

☐ Attorney for Owner

OWNER INFORMATION:

Name: _____

E-Mail: _____

Address: _____

Phone: _____

Fax: _____

CONSULTANT INFORMATION:

Name: _____

E-Mail: _____

Address: _____

Phone: _____

Company: _____

Fax: _____



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WHO SHOULD ALL COMMUNICATION BE DIRECTED TO?

_____ APPLICANT _____ OWNER _____ CONSULTANT

APPLICATION TYPE(S)/FEE(S)*

LAND USE AMENDMENT

- ☐ LARGE SCALE FUTURE LAND USE AMENDMENT (>10 ACRES) \$3,000.00
- ☐ SMALL SCALE FUTURE LAND USE AMENDMENT (≤10 ACRES) \$2,000.00

REZONE (NON-PD)

- ☐ STRAIGHT REZONE / LDR TEXT AMENDMENT \$1,400

REZONE (PD)

- ☐ PD REZONE \$2,000
- ☐ MAJOR AMENDMENT TO EXISTING PD \$1,250
- ☐ MINOR AMENDMENT TO EXISTING PD \$400 (This does not include changes in uses items such or density but means minor changes such as layout and landscaping that do not affect the overall intent or “spirit” of the PD.

***THERE MAY BE ADDITIONAL PASS-THROUGH FEES FOR REVIEWS DONE BY REVIEWERS OUTSIDE OF THIS AGENCY. ALL FEES ARE DUE AT THE TIME OF APPLICATION SUBMITTAL.**

ATTACHMENT CHECKLIST

REQUIRED SUBMITTALS

- ☐ COPY OF PRE-APPLICATION COMMENTS. IF YOU HAVE NOT HAD A PRE-APPLICATION MEETING TO DISCUSS THIS PROJECT PLEASE CONTACT THE CITY PLANNER TO ARRANGE AN APPOINTMENT AT 386-248-9424.
- ☐ ELECTRONIC COPY OF ALL ITEMS SUBMITTED
- ☐ APPLICATION AND FEE
- ☐ PROOF THAT TAXES ARE CURRENT
- ☐ PROPERTY APPRAISER’S PROPERTY INFORMATION PRINTOUT
- ☐ OWNERSHIP DISCLOSURE FORM (ADD’L DOCUMENTATION MAY REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- ☐ OWNER’S AUTHORIZATION FORM, IF APPLICABLE (ADD’L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
- ☐ 2 CURRENT SIGNED AND SEALED BOUNDARY SURVEYS
- ☐ LEGAL DESCRIPTION IN MS WORD FORMAT (EMAIL THIS TO THE CITY PLANNER)
- ☐ SCHOOL CAPACITY REVIEW – *IF PROPOSING OVER 10 RESIDENTIAL UNITS (CONTACT SCHOOL BOARD PLANNING & BUSINESS SERVICES AT 386-734-7190 FOR APPLICATION)*



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- ☐ TRAFFIC IMPACT ANALYSIS FOR PROJECTS GENERATING OVER 1000 TRIPS PER DAY ACCORDING TO RATES PUBLISHED BY THE INSTITUTE OF TRANSPORTATION ENGINEERS "TRIP GENERATION MANUAL" (LATEST EDITION)
- ☐ DRAFT DEVELOPMENT ORDER IN MS WORD FORMAT (*PD REZONE ONLY – CONTACT THE CITY PLANNER*)
- ☐ PRELIMINARY DEVELOPMENT PLAN (*PD REZONE ONLY - SEE CODE SEC. 114-771*)
- ☐ **REZONES ONLY:** ANSWER THE 8 QUESTIONS ATTACHED ON THE REZONING REQUIREMENTS SHEET
- ☐ **COMPREHENSIVE PLAN AMENDMENTS ONLY:** Provide a **Facility Demand Comparison**. For example, for the existing Future Land Use designation, show the demands on the city's infrastructure at the highest intensity, and for the proposed Future Land Use, show what the demands would be at the highest intensity. Show this information for the following facilities:
 - Potable Water
 - Sanitary Sewer
 - Stormwater
 - Transportation (Use current year ITE Trip Generation Rates—Provide PM Peak Hour and Avg Daily)
 - Solid Waste Collection
 - School (Residential Only)
- ☐ **COMPREHENSIVE PLAN AMENDMENTS ONLY:** Provide a **Demonstration of Capacity:** Show that there is capacity and ability to meet increased demands on facilities. The city's public works department can assist in providing information regarding potable water, sanitary sewer and solid waste.

Applicant's Signature: _____

(Signature)

(Date)

(Print)

Applications must be complete to initiate the review process. For questions please contact the City Planner at (386) 248-9424, fax (386) 248-9498 or email at bwalker@hollyhillfl.org



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CITY OF HOLLY HILL APPLICANT AUTHORIZATION FORM

(ORIGINAL ONLY)

An authorized applicant is:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, _____, the owner of record for the following described property
(Legal Description or Tax/Parcel ID Number) _____
hereby affirm that _____ is hereby designated to act as
my authorized agent for the filing of the attached application and make binding statements and
commitments regarding the request for a:

☐ Arbor Permit ☐ Special Exception ☐ Variance ☐ Development Plan ☐ Special Event Permit ☐ Vacate
☐ Sign ☐ Rezone/Comp Plan Amendment ☐ Other _____

I certify that I have examined the attached application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of City of Holly Hill, Florida and are not returnable.

Date

Owner's Signature

Owner's Name

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 202__, by _____, who is personally known to me or produced _____ as identification and did / did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA

Notary Signature

Printed Name

Commission No.: _____
My Commission Expires: _____



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REZONING REQUIREMENTS

The following items must be completed in sufficient detail to allow the City to determine if the application complies with the City Code Chapter 114 and Section 82-372.

1. Is it consistent with all adopted elements of the comprehensive plan? ☐YES ☐NO Explain.

2. What is its impact upon the environment or natural resources? ☐YES ☐NO Explain.

3. What is its impact upon the economy of any affected area? ☐YES ☐NO Explain.

4. What is its impact upon any existing necessary governmental services such as schools, sewage disposal, solid waste or transportation systems? ☐YES ☐NO Explain.

5. Are there any changes in circumstances or conditions affecting the area.? ☐YES ☐NO



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Explain.

6. Are there any mistakes in the original classification? ☐YES ☐NO Explain.

7. What is its effect upon the use or value of the affected area? ☐YES ☐NO Explain.

8. What is its impact upon the public health, welfare, safety or morals? ☐YES ☐NO Explain.

Print Applicant Name

Applicant Signature

Print Applicant Name

Applicant Signature

Date

Date