



## CITY OF CLERMONT REZONING FILING INSTRUCTIONS

Any person requesting a Rezoning shall file a complete application and pay a fee as established by resolution of the City Council in the Development Services Department on or before the 1<sup>st</sup> day of the month; Complete applications may then be scheduled for Public Hearings the following month – on the 1<sup>st</sup> Tuesday (Planning & Zoning Commission), 2<sup>nd</sup> Tuesday (City Council first reading only) and 4<sup>th</sup> Tuesday (City Council adoption). All applications must be complete, and include applicable site plans and/or pertinent descriptive materials in order to be processed. Dependent upon the scope and/or magnitude of a particular project, scheduling of one or more City Council workshop(s) may also be necessary and additional time may be required prior to being schedule for public hearings.

**A Pre-Application meeting with the Development Services Director (or designated staff) may be required prior to submittal of the application. Please check with the Development Services Department staff.**

**The Applicant shall provide the following information with this application in a PDF format on a CD or electronically via email to [planning@clermontfl.org](mailto:planning@clermontfl.org):**

- Completed application. Include all signatures:
  - Applicant's signature (if different from owner of record)
  - Owner's signature (owner of record) unless power of attorney or notarized letter authorizing the applicant to act as the duly authorized agent for the owner is submitter with the application.
- Proof of ownership – (i.e. Lake County Property record card, tax receipt, or deed)
- Legal Description in a word document to be used for legal advertising and in the ordinance for rezoning.
- Plot plan (drawn to scale) of the property involved showing the location of existing building or structures and the location of proposed building or structures which specifically delineates and illustrates the extent of the rezoning request. Maximum size for plans 11" x 17" (two full size copies for detail as needed, depending on rezoning)
  - a. Name, address and phone number of the applicant.
  - b. North arrow, date and scale.
  - c. Property lines, existing structures, proposed structures and contiguous streets.
  - d. A short description of the proposed structural usage.
  - e. A topographical map with five (5) foot contour lines (if deemed necessary for clarification purposes by City staff).
- Fee: \$542.00 plus the cost of the advertisement, plus the cost of traffic review, if necessary



CITY OF CLERMONT  
**REZONING**  
 APPLICATION

<b>DATE</b>	<b>FEE: \$542.00 + cost of advertisement + cost of traffic review, if necessary</b>		
<b>Project Name (if applicable)</b>			
<b>Applicant</b>			
<b>Contact Person</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone</b>	<b>Fax</b>		
<b>Email</b>			
<b>OWNER INFORMATION</b>			
<b>Owner's Name</b>			
<b>Owner Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone</b>	<b>Email</b>		
<b>PROPERTY INFORMATION</b>			
<b>Address of Subject Property</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Legal Description (include copy of survey)</b>			
<b>Acreage</b>	<b>Land Use (City verification required)</b>		
<b>Present Zoning (City verification required)</b>	<b>Proposed Zoning</b>		



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APPLICATION

Answers to the following questions are required to complete this application.

What are you proposing to do that would require a rezoning?

Check box to indicate additional materials are provided via attachment.

\_\_\_\_\_  
Applicant Name (print)

x \_\_\_\_\_  
Applicant Name (signature)

\_\_\_\_\_  
Owner Name (print)

x \_\_\_\_\_  
Owner Name (signature)

City of Clermont  
Development Services Department  
685 W. Montrose St.  
P.O. Box 120219  
Clermont, FL 34712-0219  
(352) 394-4083 Fax: (352) 394 3542

5/22/2020