



FOR OFFICE USE ONLY

P Z File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Review Date: SRDT _____ P & Z _____ CC _____

Rezoning Application

A. PROJECT

- Project Name: The Vineyard Transitional Inc
- Address of Subject Property: 518 N. Pine Ave Green Cove Springs FL 32043
- Parcel ID Number(s): 117-389 (6)
- Existing Use of Property: Empty Building Space
- Future Land Use Map Designation: Commercial High Intensity
- Existing Zoning Designation: Empty Building Space
- Proposed Zoning Designation: Institutional
- Acreage: 1.286

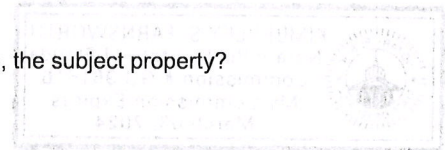
B. APPLICANT

- Applicant's Status Owner (title holder) Agent
- Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): The Vineyard Transitional Center Inc
 Mailing address: P.O. Box 523
 City: Green Cove Springs State: FL ZIP: 32043
 Telephone: 804 305-4641 FAX: () e-mail: johnsanders5728@yahoo.com
- If the applicant is agent for the property owner*
 Name of Owner (titleholder): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: () FAX: () e-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. ADDITIONAL INFORMATION

- Is there any additional contact for sale of, or options to purchase, the subject property?
 Yes No If yes, list names of all parties involved:
 If yes, is the contract/option contingent or absolute?
 Contingent Absolute



D. ATTACHMENTS

1. Statement of proposed change, including a map showing the proposed zoning change and zoning designations on surrounding properties
2. A current aerial map (Maybe obtained from the Clay County Property Appraiser.)
3. Plat of the property (Maybe obtained from the Clay County Property Appraiser.)
4. Legal description with tax parcel number.
5. Boundary survey
6. Warranty Deed or the other proof of ownership
7. Fee.

a. \$750 plus \$20 per acre over 5

b. All applications are subject 10% administrative fee and must pay the cost of postage, signs, advertisements and the fee for any outside consultants.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

All 7 attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

John Sanders

Signature of Applicant

Signature of Co-applicant

John Sanders

Typed or printed name and title of applicant

Typed or printed name of co-applicant

8/4/2021

Date

Date

State of Florida County of Clay

The foregoing application is acknowledged before me this 4 day of August, 2021 by John

Sanders, who is/are personally known to me, or who has/have produced _____

as identification.

NOTARY SEAL

Kimberley Farnsworth

Signature of Notary Public, State of Florida

