



<b>FOR OFFICE USE ONLY</b>	
P Z File #	_____
Application Fee:	_____
Filing Date: _____	Acceptance Date: _____
Review Date: SRDT _____	P & Z _____ CC _____

# PUD Modification Application

## A. PROJECT

- Project Name: Ayrshire
- Address of Subject Property: County Road 15A / Green Cove Avenue
- Parcel ID Number(s): See attached
- Existing Use of Property: Under development
- Future Land Use Map Designation : Residential Low Density (RLD)
- Existing Zoning Designation: Planned Unit Development (PUD)
- Proposed Zoning Designation: Planned Unit Development (PUD)
- Acreage: 5 6 1

## B. APPLICANT

- Applicant's Status  Owner (title holder)  Agent
- Name of Applicant(s) or Contact Person(s): Ellen Avery-Smith, Esq. Title: \_\_\_\_\_  
 Company (if applicable): Rogers Towers, P.A.  
 Mailing address: 100 Whetstone Place, Suite 200  
 City: St. Augustine State: Florida ZIP: 32086  
 Telephone: (904) 824-0879 FAX: (904) 825-4070 e-mail: eaverysmith@rtlaw.com
- If the applicant is agent for the property owner\*  
 Name of Owner (titleholder): See attached list of owners  
 Mailing address: 4220 Race Track Road  
 City: St. Johns State: Florida ZIP: 32259  
 Telephone: 904) 899-5915 FAX: ( ) e-mail: jrgislason@drhorton.com

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

## C. ADDITIONAL INFORMATION

1. 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. Site Plan
8. Written Description
9. Binding Letter
10. Fee.

a. \$2,000 plus \$20 per acre

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 10 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:

[Signature]  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

Anand Jobalia  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

4.24.24  
Date

\_\_\_\_\_  
Date

State of Florida County of Volusia

The foregoing application is acknowledged before me this 24 day of April, 2024, by Anand

Jobalia, who is/are personally known to me, or who has/have produced \_\_\_\_\_  
as identification.

NOTARY SEAL  
[Signature]

Signature of Notary Public, State of Florida



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

\_\_\_\_\_  
Signature of Applicant

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

*Elhea Arey-Smith*  
\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

*4/24/24*  
\_\_\_\_\_  
Date

State of

*Florida*

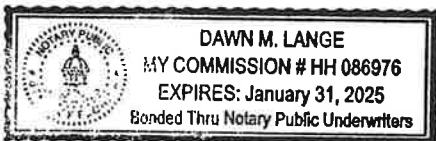
County of

*St. Johns*

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\_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_ as identification.

NOTARY SEAL



Signature of Notary Public, State of Florida

*Dawn M. Lange*