

**FOR OFFICE USE ONLY**

P Z File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Review Date: SRDT _____ P & Z _____ CC _____

PUD Rezoning Application

A. PROJECT

1. Project Name: Gustafson's Dairy
2. Address of Subject Property: County Road 15A
3. Parcel ID Number(s): 38-06-26-016515-000-0
4. Existing Use of Property: Agriculture
5. Future Land Use Map Designation: Rural Fringe/Industrial (Clay County)
6. Existing Zoning Designation: Agricultural/Industrial (Clay County)
7. Proposed Zoning Designation: Planned Unit Development (PUD)
8. Acreage: 561

B. APPLICANT

1. Applicant's Status Owner (title holder) Agent
2. Name of Applicant(s) or Contact Person(s): Bob Porter, John Gislason Title: _____
Company (if applicable): D.R. Horton, Inc. - Jacksonville
Mailing address: 4220 Race Track Road
City: St. Johns State: Florida ZIP: 32259
Telephone: () _____ FAX: () _____ e-mail: jrgislason@drhorton.com
3. If the applicant is agent for the property owner*
Name of Owner (titleholder): Gustafson's Cattle, Inc.
Mailing address: PO Box 600337
City: Jacksonville State: Florida ZIP: 32260
Telephone: () _____ FAX: () _____ e-mail: _____

* 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.

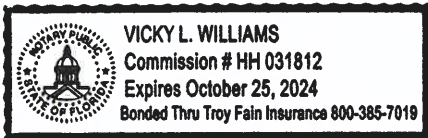
I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

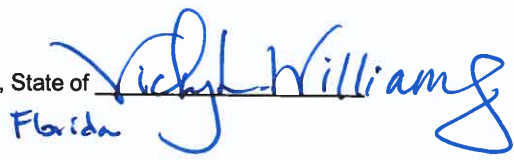
 _____ Signature of Applicant	_____ Signature of Co-applicant
<u>Ellen Avery-Smith</u> Typed or printed name and title of applicant	_____ Typed or printed name of co-applicant
<u>3/23/2021</u> Date	_____ Date
State of <u>Florida</u>	County of <u>St. Johns</u>

The foregoing application is acknowledged before me this 23rd day of March, 2021 by Ellen

Avery-Smith, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL



Signature of Notary Public, State of Florida




PROPERTY OWNER AFFIDAVIT

Owner Name: **Gustafson's Cattle, Inc.**

Address: PO Box 600337, Jacksonville, FL 32260 Phone:

Agent Name: Ellen Avery-Smith, Esq. of Rogers Towers, P.A. & D.R. Horton, Inc. - Jacksonville

Address: c/o 100 Whetstone Place, Suite 200, St. Augustine, FL 32086 Phone: **904-825-1615**

Parcel No.: **38-06-26-016515-000-0**

Requested Action: Application for PUD Rezoning

I hereby certify that:

I am the property owner of record. I authorize the above listed agent to act on my behalf for the purposes of this application.

Property owner signature: Edwin S. Gustafson III

Printed name: Edwin S. Gustafson III

Date: 10/08/2020

The foregoing affidavit is acknowledged before me this 8th day of Oct, 2020, by EDWIN S. GUSTAFSON III, who is/are

personally known to me, or who has/have produced A FLORIDA DELIVERIES LLC
6231-217-68-333-0

as identification.
Larry A. Hunt
State of Florida
My Commission Expires 11/22/2021
Commission No. GG 155171

NOTARY SEAL

Larry A. Hunt
Signature of Notary Public, State of FL