



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: WOLFE BROS. STORAGE Co.
- Address of Subject Property: 4614 Gy. Rd. 209 So. GREEN COVE SPRINGS FL 32043
- Parcel ID Number(s): 38-06-26-016513-015-0
- Existing Use of Property: INDUSTRIAL, RV, BOAT, TRAILER STORAGE
- Future Land Use Map Designation: IND
- Existing Zoning Designation: IB
- Proposed Zoning Designation: INDUSTRIAL - M-2
- Acreage: 3

B. APPLICANT

- Applicant's Status Owner (title holder) Agent
- Name of Applicant(s) or Contact Person(s): TIM HOWELLS Title: PRES.
 Company (if applicable): WOLFE BROS. STORAGE Co.
 Mailing address: P.O. Box 9779
 City: FLEMING ISLAND State: FL ZIP: 32006
 Telephone: 727 992-1158 FAX: () NONE e-mail: PROSSERHOWELLS@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:

[Signature]
Signature of Applicant

Signature of Co-applicant

Timothy M. Howells
Typed or printed name and title of applicant

Typed or printed name of co-applicant

8/7/24
Date

Date

State of FLORIDA County of CLAY

The foregoing application is acknowledged before me this 7 day of August, 2024 by Timothy

Howells, who is/are personally known to me, or who has/have produced Valid DL
as identification.

NOTARY SEAL *[Signature]*

Signature of Notary Public, State of Florida

