



# City of Green Cove Springs Subdivision Application

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FOR OFFICE USE ONLY

SEP 23 2024

P Z File # \_\_\_\_\_

Application Fee: \_\_\_\_\_

Filing Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_

Review Type: SRDT  P & Z  CC

- Major Subdivision – Over 5 Lots
- Minor Subdivision - 3 to 5 Lot – Final Plat only, with fee

### A. PROJECT

1. Project Name: Rookery Phase 2A
2. Address of Subject Property: CR15A
3. Parcel ID Number(s): 38-06-26-1016515-008-00, 38-06-26-016579-000-00
4. Existing Use of Property: Dairy
5. Future Land Use Map Designation: Residential
6. Zoning Designation: PUD
7. Acreage: 39.88

### B. APPLICANT

1. Applicant's Status  Owner (title holder)  Agent
2. Name of Applicant(s) or Contact Person(s): Anthony Sharp Title: Forward Planner  
 Company (if applicable): D.R. Horton, Inc.-Jacksonville  
 Mailing address: 4220 Race Track Rd  
 City: St Johns State: FL ZIP: 32259  
 Telephone: 9044214612 FAX: ( ) e-mail: aksharp@drhorton.com

3. If the applicant is agent for the property owner\*:  
 Name of Owner (title holder): \_\_\_\_\_  
 Company (if applicable): D.R. Horton, INC.-Jacksonville  
 Mailing address: 4220 Race Track Rd  
 City: St Johns State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: 9044214612 FAX: ( ) e-mail: aksharp@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 contract 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

**All 6 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

**Anthony Sharp**

Typed or printed name and title of applicant

Date

State of

Florida

County of

St. Johns

Signature of Co-applicant

Typed or printed name of co-applicant

Date

The foregoing application is acknowledged before me this 20 day of Sept., 2024 by Anthony

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

NOTARY SEAL

Deborah E. McClure



**DEBORAH E. MCCLURE**  
Commission # HH 502505  
Expires July 10, 2028

Signature of Notary Public, State of Florida