



## FOR OFFICE USE ONLY

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

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

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

Review Date: SRDT \_\_\_\_\_ P &amp; Z \_\_\_\_\_ CC \_\_\_\_\_

## PUD Rezoning Application

### A. PROJECT

1. Project Name: Graylon Oaks
2. Address of Subject Property: Graylon Oaks Court
3. Parcel ID Number(s): 38-06-26-016748-000-00 & 38-06-26-016742-000-00
4. Existing Use of Property: Residential
5. Future Land Use Map Designation: Neighborhood
6. Existing Zoning Designation: PUD
7. Proposed Zoning Designation: PUD
8. Acreage: 3.8

### B. APPLICANT

1. Applicant's Status ☐ Owner (title holder) ☐ Agent
2. Name of Applicant(s) or Contact Person(s): John Nicols Title: Trustee  
 Company (if applicable): \_\_\_\_\_  
 Mailing address: 1635 Eagle Harbor Pkwy  
 City: Fleming Island State: FL ZIP: 32003  
 Telephone: (904-264-1665) FAX: ( ) e-mail: \_\_\_\_\_
3. If the applicant is agent for the property owner\*  
 Name of Owner (titleholder): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: (904-264-1665) 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.

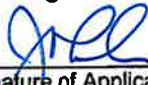
a. \$2,000 plus \$20 per acre

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  
JOHN NICHOLS, TRUSTEE  
Typed or printed name and title of applicant

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

3-3-25  
Date

\_\_\_\_\_  
Date

State of FLORIDA County of CLAY

The foregoing application is acknowledged before me this 3<sup>RD</sup> day of MARCH, 2025, by JOHN NICHOLS

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

NOTARY SEAL





Signature of Notary Public, State of FLORIDA