

FOR OFFICE USE ONLY
P Z File #
Application Fee:
Filing Date:Acceptance Date:
Review Date: SRDT P & Z CC

PU	D Rezoning Applic	cation				
A. PRO	JECT	0 0 0				
1.	Project Name: Preserve at Green Cove Springs					
2.	Address of Subject Property: N/A					
3.	Parcel ID Number(s): 38-06-26-016499-007-00 (Portion)				_	
4.	Existing Use of Property: unimproved land				_	
5.	Future Land Use Map Designation : Industrial (County)					
6.	6. Existing Zoning Designation: Light Industrial (County)					
7.	Planned Use Development (PLID)					
8.	Acreage: 13.92					
B. APP	LICANT					
1.		□Owner (title holder)	□Agent			
2.	_ _{_Title:} Partner					
	Company (if applicable): Rogers Towers, P.A.					
	Mailing address: 100 Whetstone Place, Suite 200					
	City: St. Augustine			32086		
	Telephone: 904-824-0879					
3. If the applicant is agent for the property owner* Virginia S. Hall Revocable Trust, J.P. Hall Jr Second Amend and Restated Revocable Trust, CHS LLC, Lyman G. Hall Mailing address: 2321 Egremont Drive						
	Telephone: 904-860-8739					
	st provide executed Property Owne	er Affidavit authorizing the	e agent to act on behal	f of the property owner.		
	 Is there any additional contact f XYes □No If yes, list names of 		ourchase, the subject p	roperty?		

If yes, is the contract/option contingent or absolute? ⊠Contingent

□Absolute

D. ATTACHMENTS

- 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

Commission # HH 031812 Expires October 25, 2024 Bonded Thru Troy Fain Insurance 800-385-7019

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.

<u>All 10 attachments are required for a complete application.</u> 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 knowledge:	on contained herein is true and correct to the best of my/our					
Signature of Applicant Ellea Aveny—mith	Signature of Co-applicant					
Typed or printed name and title of applicant	Typed or printed name of co-applicant					
March 7, 2002						
Date	Date					
State of Florida County of St. Johns						
The foregoing application is acknowledged before m	ne this The day of MARCH, 2022, by Ellen					
freng-Smith, who is/are personally known to me, or who has/have produced						
as identification.						
NOTARY SEAL	Vicky L. Williams					
WEEK VICKYT WILLIAMS	Signature of Notary Public, State of					