



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

Rezoning Application

A. PROJECT

- 1. Project Name: RIVER OAKS INDUSTRIAL PARK
- 2. Address of Subject Property: 1609 S ORANGE AVE
- 3. Parcel ID Number(s): 38-06-26-016564-002
- 4. Existing Use of Property: VACANT
- 5. Future Land Use Map Designation : MUH-MIXED USE HIGHWAY
- 6. Existing Zoning Designation: C2/UNZONED
- 7. Proposed Zoning Designation: M1-LIGHT INDUSTRIAL
- 8. Acreage: 8.92 AC

B. APPLICANT

- 1. Applicant's Status Owner (title holder) Agent
- 2. Name of Applicant(s) or Contact Person(s): QUOC MAI Title: _____
Company (if applicable): MAI ENGINEERING SERVICES, INC
Mailing address: 2510 US1 S, SUITE D
City: ST AUGUSTINE State: FL ZIP: 32086
Telephone: () _____ FAX: () _____ e-mail: QUOC@MAIENGINEER.COM

- 3. If the applicant is agent for the property owner*
Name of Owner (titleholder): WILLIAM KRIEG/1609 S ORANGE AVE LLC
Mailing address: P.O. BOX 7902
City: JACKSONVILLE State: FL ZIP: 32238
Telephone: () _____ FAX: () _____ e-mail: will@riveroaksoutdoor.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 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

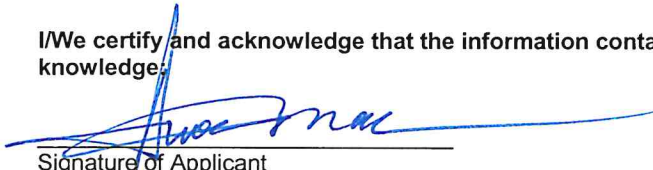
D. ATTACHMENTS

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 of Applicant

QUOC H. MAI

Typed or printed name and title of applicant

04/04/2024

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 4th day of April, 2024 by Quoc Mai

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

NOTARY SEAL



Signature of Notary Public, State of Florida

