For Office Use Only

P Z File # ZN-26-008

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Review Date: SDRT: _____ P&Z: ✓ CC: _____

Rezoning Application

A. PROJECT

1. Project Name: Existing Business BCC Storage
2. Address of Subject Property: 1325 Energy Cove Court Greencove Springs 32043
3. Parcel ID Number(s): 016579-001-04
4. Existing Use of Property: Boat and RV Parking Storage
5. Future Land Use Map Designation: Industrial
6. Existing Zoning Designation: MUH
7. Proposed Zoning Designation: M-2
8. Acreage: 2.088

B. APPLICANT

1. Applicant Status ☑ Owner (titleholder) ☐ Agent
2. Name of Applicant(s) or Contact Person(s): Ryan Haney Title: Owner

   Company (if applicable): _____

   Mailing Address: 8573 Florence Cove rd St. Augustine, FL 32092

   City: St. Augustine State: FL ZIP: 32092

   Telephone: 904-591-1556 FAX: _____ E-mail: RyanHaney1@yahoo.com
3. If the applicant is the agent for the property owner*

   Name of Owner (titleholder): _____

   Mailing Address: _____

   Telephone: _____ 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's property?

   ☐ Yes ☒ No If yes, list the name of all parties involved: _____

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

   ☐ Contingent ☐ Absolute

D. ATTACHMENTS

1. Statements of proposed change, including a map showing the proposed zoning chang and zoning designations on surrounding properties.
2. A current ariel map (may be obtained from the Clay County Property Appraiser)
3. Plat of the property (may be obtained from the Clay County Property Appraiser)
4. Legal description with tax parcel number
5. Boundary survey
6. Warranty Deed or other proof of ownership
7. Fee
    a. $750 plus $20 per acre over 5
    b. All applications are subject to a 10% administrative fee and must pay all cost of postage, signs, advertisements, and the fee of any outside consultant.

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 review of the application by a consultant will be billed to the applicant at the rate of 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:

RH
Signature of Applicant

Signature of Co-applicant

RYAN HANEY
Type or printed name and title of applicant

Typed or printed name of co-applicant

6-9-2026
Date

Date

State of Florida County of Clay

The foregoing application is acknowledged before me this 9 day of June, 20 26 by Ryan M Haney, who is/are personally known to me, or who has/have produced FLDL as identification.

NOTARY SEAL

JULIA ENNIS
Commission # HH 295823
Expires November 25, 2026

Signature of Notary Public, State of Florida