



GROWTH MANAGEMENT

205 North Marion Ave
Lake City, Florida 32055
Telephone (386) 719-5754
growthmanagement@lcfla.com

FOR PLANNING USE ONLY

Application # Z _____

Application Fee \$ _____

Less Than or Equal to 10 Acres: \$1,850

Greater Than 50 Acres: \$4,800 or actual cost

***All applications may incur professional fees for consulting and other professional services required by the Land Development Administrator. Any professional fees required by the Land Development Administrator will be invoiced and charged to the applicant and must be paid in full before application can be scheduled for any meetings.**

Site Specific Amendment to the Official Zoning Atlas (Rezoning) Application

A. PROJECT INFORMATION

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID Number(s): 19-4S-17-08563-000
4. Future Land Use Map Designation: _____ Commercial
5. Existing Zoning Designation: _____ CI (Commercial Intensive) - Columbia County
6. Proposed Zoning Designation: _____ CI (Commercial Intensive)
7. Acreage: 12.59
8. Existing Use of Property: Vacant
9. Proposed use of Property: Commercial

B. APPLICANT INFORMATION

1. Applicant Status ☐ Owner (title holder) ☐ Agent
2. Name of Applicant(s): _____ Title: _____
Company name (if applicable): RMC 47 7 242A, LLC
Mailing Address: 8902 N Dale Mabry Highway
City: Tampa State: FL Zip: 33614
Telephone: (813) _____ Fax: () _____ Email: _____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

3. If the applicant is agent for the property owner*.
Property Owner Name (title holder): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Fax: () _____ Email: _____

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***Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.**

C. ADDITIONAL INFORMATION

1. Is there any additional contract for the sale of, or options to purchase, the subject property?
If yes, list the names of all parties involved: _____
If yes, is the contract/option contingent or absolute: ☐ Contingent ☐ Absolute
2. Has a previous application been made on all or part of the subject property: ☐ Yes ☒ No
Future Land Use Map Amendment: ☐ Yes _____ ☒ No _____
Future Land Use Map Amendment Application No. CPA _____
Site-Specific Amendment to the Official Zoning Atlas (Rezoning): ☐ Yes _____ ☒ No _____
Site-Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. _____
Variance: ☐ Yes _____ ☒ No _____
Variance Application No. _____
Special Exception: ☐ Yes _____ ☒ No _____
Special Exception Application No. _____

CI. ATTACHMENT/SUBMITTAL REQUIREMENTS. ALL DOCUMENTS MUST BE SUBMITTED COMPLIANT WITH ADA REGULATIONS, WCAG 2.1 AA, WHICH IS REQUIRED BY SEC. 35.200 OF TITLE II OF THE ADA REGULATIONS.

1. Boundary Sketch or Survey with bearings and dimensions.
2. Aerial Photo (can be obtained via the Columbia County Property Appraiser's Office).
3. Concurrency Impact Analysis: Concurrency Impact Analysis of impacts to public facilities, including but not limited to Transportation, Potable Water, Sanitary Sewer, and Solid Waste impacts. For residential Zoning Designations, an analysis of the impacts to Public Schools is required.
4. An Analysis of the Requirements of Article 12 of the Land Development Regulations:
 - a. Whether the proposed change would be in conformance with the county's comprehensive plan and would have an adverse effect on the county's comprehensive plan.
 - b. The existing land use pattern.
 - c. Possible creation of an isolated district unrelated to adjacent and nearby districts.
 - d. The population density pattern and possible increase or overtaxing of the load on public facilities such as schools, utilities, streets, etc.
 - e. Whether existing district boundaries are illogically drawn in relation to existing conditions on the property proposed for change.
 - f. Whether changed or changing conditions make the passage of the proposed amendment necessary.
 - g. Whether the proposed change will adversely influence living conditions in the neighborhood.
 - h. Whether the proposed change will create or excessively increase traffic congestion or otherwise affect public safety.
 - i. Whether the proposed change will create a drainage problem.
 - j. Whether the proposed change will seriously reduce light and air to adjacent areas.

- k. Whether the proposed change will adversely affect property values in the adjacent area.
- l. Whether the proposed change will be a deterrent to the improvement or development of adjacent property in accord with existing regulations.
- m. Whether the proposed change will constitute a grant of special privilege to an individual owner as contrasted with the public welfare.
- n. Whether there are substantial reasons why the property cannot be used in accord with existing zoning.
- o. Whether the change suggested is out of scale with the needs of the neighborhood or the City.
- p. Whether it is impossible to find other adequate sites in the city for the proposed use in districts already permitting such use. When pertaining to other proposed amendments of these land development regulations. The planning and zoning board shall consider and study:
 - i. The need and justification for the change.
 - ii. The relationship of the proposed amendment to the purposes and objectives of the comprehensive planning program and to the City's comprehensive plan, with appropriate consideration as to whether the proposed change will further the purposes of these land development regulations and other ordinances, regulations, and actions designed to implement the City's comprehensive plan.

- 5. Legal Description with Tax Parcel Number (In Microsoft Word Format).
- 6. Proof of Ownership (i.e. deed).
- 7. Agent Authorization Form (signed and notarized).
- 8. Proof of Payment of Taxes (can be obtained online via the Columbia County Tax Collector's Office).
- 9. Fee. No application shall be accepted or processed until the required application fees have been paid in full. Any professional fees required by the Land Development Administrator shall be paid before any meetings will be scheduled. **The City of Lake City will never request a wire transfer for any Land Use Application fees. If you receive a suspicious invoice, please contact the Growth Management Department for the City of Lake City at 386-719-5754.**
- 10. All property owners within three hundred (300) feet be notified by certified mail by the proponent and proof of the receipt of these notices be submitted as part of the application package submittal.
The Growth Management Department shall supply the name and addresses of the property owners, the notification letters and the envelopes to the proponent.

NOTICE TO APPLICANT

All nine (9) attachments are required for a complete application. Once an application is submitted and paid for, a completeness review will be done to ensure all the requirements for a complete application have been met. If there are any deficiencies, the applicant will be notified in writing. If an application is deemed to be incomplete, it may cause a delay in the scheduling of the application before the Planning & Zoning Board.

A total of eighteen (2) copies of proposed Site-Specific Amendment to the Official Zoning Atlas Application and support material, and a PDF copy on a CD, are required at the time of submittal.

THE APPLICANT ACKNOWLEDGES THAT THE APPLICANT OR AGENT MUST BE PRESENT AT THE PUBLIC HEARING BEFORE THE PLANNING AND ZONING BOARD, AS ADOPTED IN THE BOARD RULES AND PROCEDURES, OTHERWISE THE REQUEST MAY BE CONTINUED TO A FUTURE HEARING DATE.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

Jarod StubbS

Applicant/Agent Name (Type or Print)

[Signature]

Applicant/Agent Signature

8/11/2026

Date

STATE OF FLORIDA
COUNTY OF Volusia

The foregoing instrument was acknowledged before me this 11th day of Aug, 2026, by (name of person acknowledging).



Brenda Michelle Rucker-Penland
Signature of Notary
Brenda Michelle Rucker-Penland
Printed Name of Notary

Personally, Known X OR Produced Identification _____
Type of Identification Produced