

Levy County Planning and Zoning

320 Mongo Street Bronson, FL 32621
352-486-5203 phone 352-486-5405 fax
LCPZ@levycounty.org

Application for Equitable Estoppel Certificate

Pursuant to Section 50-772 of the Levy County Code (attached as Part C of this application)

PART A – TO BE COMPLETED BY PROPERTY OWNER AND/OR APPLICANT

I. PROPERTY OWNER INFORMATION:

Owner's name _____
Address _____ State _____
Zip Code _____ Phone No. () _____ Phone No. () _____
Email _____

II. APPLICANT INFORMATION (only if DIFFERENT than Property Owner. If Owner is applicant, leave this section blank)

Applicant's name _____
Address _____ State _____
Zip Code _____ Phone No. () _____ Phone No. () _____
Email _____

III. PARCEL INFORMATION

Parcel ID: _____
Section/Township/Range: _____
Total Acreage _____ Subdivision name (if applicable): _____
Legal Description: Provide copy of most current deed.

IV. CURRENT ZONING AND LAND USE INFORMATION:

Land Use: _____ Zoning: _____

V. ITEMS THAT MUST BE ATTACHED TO THIS APPLICATION

- Denial of Certificate of Zoning Compliance
- Copy of Zoning Determination issued to Owner by Authorized County Official
- Written description (and documentation as proof) of the significant action that Owner took in reliance on the Zoning Determination
- Written explanation of why it would be unjust for the County to refuse to recognize the prior Zoning Determination
- Payment of Fee

As the Property Owner, I affirm that I have read the Levy County Code Section attached as Part C of this Application and that all information provided in connection with this Application is true and correct. I understand that any evidence of fraud in connection with this Application is grounds for immediate denial. If I have listed an Applicant in Section II, I affirm that person/entity is fully authorized to act on my behalf in connection with this Application. I understand that this is an equitable process provided by the County and confers on me no rights or causes of action beyond the right to apply for a building permit within the timeframe specified in the Code in Part C of this Application.

Signature of Property Owner

Date: _____

PART B – TO BE COMPLETED BY COUNTY STAFF

Is this Application Complete? _____

Has the Owner proven the elements of equitable estoppel (i.e., owner received a prior zoning determination, took significant action in good faith reliance and documented why unjust if County refused to recognize)? _____

Have there been any changes in law between the date of the Zoning Determination and the date of this Application that would render the Zoning Determination null and void, in whole or in part?

Are there any efforts the Owner can reasonably make towards compliance with the current Comprehensive Plan and Land Development Code? _____ If yes, briefly describe: _____

Have you discussed these with the Owner? _____

This Application has been fully reviewed by County Staff and is: _____ (insert approved or denied).

If denied, briefly explain reason for denial: _____

If approved, the date this Equitable Estoppel Certificate expires is: _____

Stacey Hectus, Levy County Planning and Zoning Director

Date: _____

PART C– Copy of Current County Code re: Equitable Estoppel Certificates

((copy and insert from Ordinance once adopted))

