



PLANNING AND ZONING DEPARTMENT

50 Martin Luther King Blvd. • Midway, Florida 32343 • 850.408.0259 • scockran@midwayfl.com

Rezoning Application Instructions and Checklist

Please read the following instructions carefully prior to filing your application.

The Process

1. Any rezoning request will be scheduled for a public hearing before the City of Midway Planning and Zoning Board (P&ZB) who will make a recommendation for approval or denial to the Midway City Council.
2. Following the hearing by the (P&ZB), a final hearing will be scheduled before the Midway City Council, who may either accept or reject the recommendation of the (P&ZB).

Before submitting this application, you should review it with the following sections:

Planning and Zoning Technician

50 Martin Luther King Blvd. • Midway, Florida 32343
850.408.0259

Engineer

50 Martin Luther King Blvd. • Midway, Florida 32343
850.574.2355

Complete and submit your application with the following:

- Two current sealed boundary surveys (*if the property is undeveloped*) or two as-built surveys (*if the property is developed*) plus 10 copies of the surveys (*boundary or as-built*) of the petitioned property indicating the gross and net acreage, legal description, all-rights-of-way and easement of record.
- Proof of property ownership (*warranty deed*).
- Fee of **\$300** for each zoning district requested. **Please make checks payable to the City of Midway.**
- A letter or document from the water and sewer provider indicating there is capacity available for any increased needs due to future development.
- A written explanation of how this application meets the criteria for **Article II Zoning Regulations**

Petitioners, petitioner's agents, the owner of the subject property and all property owners within 400 feet of the petition area will be notified of all public hearings (*at least 15 days prior to P&ZB and City Council hearings*)
The petitioner or authorized agent is required to attend the hearings.



All information and case files concerning rezoning matters are of public record and available for inspection at our offices upon request.



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Application for Rezoning

Property Owner Information			
Last Name	First Name	Middle Initial	Suffix
Address	City	State	Zip
Phone	Mobile Phone	FAX	Email
Authorized Agent Information			
Last Name	First Name	Middle Initial	Suffix
Company Name		Title or Position	
Address	City	State	Zip
Phone	Mobile Phone	FAX	Email
Petitioner Information <i>(if different from owner)</i>			
Last Name	First Name	Middle Initial	Suffix
Company Name		Title or Position	
Address	City	State	Zip
Phone	Mobile Phone	FAX	Email
Legal Description and Folio Number <i>(or indicate per attached survey)</i>			

Proposed Zoning District(s)	Existing Zoning District(s)	Future Land Use Designation
1. _____ Acreage _____	1. _____ Acreage _____	1. _____ Acreage _____
2. _____ Acreage _____	2. _____ Acreage _____	2. _____ Acreage _____

Proposed Use of Property	Existing Use of Property
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Residential/Commercial Flexibility

- | | | | | | |
|------------------------------|------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5% Residential to Commercial | 20% Industrial to Commercial | 20% Commercial to Residential | Employment Center to Commercial | Residential Flexibility Units | Reserve Units |

Number of Units: _____

If plat is in process, please indicate number: _____ -UP- _____

If site plan is in process, please indicate number: _____ -SP- _____

Location and acreage of any contiguous property owned or controlled by the petitioner or owner of this property

Owner Certification

This is to certify that I am the owner of the property described on the attached survey and I have authorized the filing of this request. I understand that I or my representative must attend the hearing to present the case.

Owner's Signature

Print Name

NOTARY PUBLIC

**STATE OF FLORIDA
COUNTY OF GADSDEN**

The foregoing instrument was acknowledged before me this _____ day of _____ ,
20 _____ ,by _____

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____