



CITY OF DADE CITY

Proud Heritage. Promising Future.

PETITION – SIMULTANEOUS REVIEW

Annexations | Future Land Use Map Amendment(s) | Rezoning

PROJECT INFORMATION

PETITION TYPE: ☐ Annexation ☐ Future Land Use Map Amendment ☐ Rezoning

(Mark all that apply)

SUBJECT PROPERTY ADDRESS:

PARCEL ID NUMBER(S):

ACREAGE/SQ. FOOTAGE: _____ EXISTING FUTURE LAND USE: _____

CURRENT LAND USE: _____ PROPOSED FUTURE LAND USE: _____

PROPOSED USE: _____ EXISTING ZONING DESIGNATION: _____

PROPOSED ZONING DESIGNATION: _____

CONTACT INFORMATION

PROPERTY OWNER:

FIRM:

ADDRESS:

_____ PHONE

NUMBER(S): _____ EMAIL: _____

Established 1889

P.O. BOX 1355 • 38020 MERIDIAN AVENUE • DADE CITY, FL 33526-1355 • (352) 523-5050 FAX (352) 521-1422

PETITIONER:

FIRM:

ADDRESS:

PHONE NUMBER(S): _____ EMAIL: _____

AUTHORIZED AGENT:

FIRM:

ADDRESS:

PHONE NUMBER(S): _____ EMAIL: _____

The Petitioner, as owner of the above-described land, does respectfully request the City of Dade City to take all actions necessary to process the comprehensive plan/map amendment petition. The Petitioner, as owner and/or representative of the above-described land agrees to pay all related costs associated with the petition, including, but not limited to advertisement fees and consultant review fees as well as future required development fees, permit fees, impact fees and other review process fees.

SUBMITTED BY (FIRM): _____

SIGNATURE: _____ OWNER SIGNATURE: _____

PRINT NAME: _____ PRINT NAME: _____

DATE: _____ DATE: _____

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this () day of (), (),

Established 1889

by (_____)
Signature

(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 _____