



**CITY OF WINTER SPRINGS
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434
Winter Springs, Florida 32708

customerservice@winterspringsfl.org

Application –FLU Amendment

The Community Development Director reserves the right to determine whether this application is complete and accurate. An incomplete application will not be processed and will be returned to the applicant. The application shall be reviewed per City of Winter Springs Comprehensive Plan (CP) and Zoning Code. Applications shall be reviewed for sufficiency (completeness) within thirty (30) calendar days per [FL Statute 166.033](#). A Community Workshop may be required.

Future Land Use Amendments are subject to the approval of the City Commission. Each action is only effective when the notice and vote requirements of Chapter 166 and 171, Florida Statutes have been achieved.

Applicants are advised, that if they decide to appeal any decisions made at the meetings or hearings, with respect to any matter considered at the meetings or hearings, they will need a record of the proceedings and, for such purposes, they will need to insure that a verbatim record of the proceedings is made, at their cost, which includes the testimony and evidence upon which the appeal is to be based, per [286.0105, F.S.](#). Applicants are further advised that site-specific Rezones are quasi-judicial in nature. Therefore, applicant acknowledges and agrees, by signing below, that he or she:

- May be sworn-in as a witness in order to provide testimony to the City Commission;
- Shall be subject to cross-examination by party intervenors (if requested); and
- Shall be required to qualify expert witnesses, as appropriate.

Applicants are encouraged to familiarize themselves with Section 2-30 of the Winter Springs City Code relating to Quasi-Judicial Rules and Procedures of the City Commission to the extent they are applicable.

NOTE: This application is ONLY for properties looking to annex into the City. If you are looking only to change the Future Land Use designation and/or Zoning classification on a property, please use the appropriate application.

REQUIRED INFORMATION

Applicant(s): _____ Date: _____

Mailing address: _____

Email: _____

Phone Number: _____

Property Owner(s): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Parcel ID(s): _____



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Parcel Size: _____

Existing Use: _____

Existing Future Land Use Designation: _____

Proposed Future Land Use Designation: _____

Existing Zoning District: _____

Proposed Zoning District: _____

What effect will the proposed amendment have on the City’s budget or the economy of the region?

Describe how the City might provide adequate services from public facilities to the affected property. Will the amendment promote the cost effective use of or will it unduly burden public facilities?

Describe the impact that the proposed amendment will have on the Level of Service (LOS) of public facilities including sanitary sewer, solid waste, drainage, potable water, traffic circulation, and recreation.

What impact will the proposed amendment have on the environment, natural resources, and historical resources of the City or the region?

Identify surrounding neighborhoods and land use. Is the amendment compatible with these surrounding uses and land use designations?

Will the proposed amendment promote or adversely affect the public health, safety, welfare, economic



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order, or aesthetics of the City or region?

Identify how the request is consistent with the Goals, Objectives and Policies of the Comprehensive Plan. Will approval of the amendment cause the Comprehensive Plan to be internally inconsistent?

Describe how the proposed amendment is consistent with the Goals, Objectives, and Policies of the State Comprehensive Plan set forth in Chapter 187, Florida Statutes, and the East Central Florida Regional Policy Plan, adopted by Rule 29 F-19.001, Florida Administrative Code.

Identify how the request is consistent with the Goals, Objectives and Policies of the Comprehensive Plan including, but not limited to, the Future Land Use Map. Will the proposed change have an adverse effect on the City's implementation of the Comprehensive Plan?

Is the proposed amendment consistent with any master plan applicable to the property?

Describe with specificity any evidence which the applicant intends to present to the City Commission, including oral factual testimony, maps, photographs, records or reports and/or expert testimony:

Attach all documentary evidence which the applicant intends to present to the city commission to the back of this



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application. The Applicant has a continuing duty to update the list of witnesses, description of evidence, and documentary evidence throughout the application process. Additional witnesses or evidence will not be admitted at the city commission hearing if not submitted at least seven (7) days prior to such hearing.

REQUIRED DOCUMENTATION

- ___ A complete Application and Fees
- ___ A general description of the relief sought under this division.
- ___ A brief narrative, with applicable supporting competent substantial evidence and documents, as to why the application satisfies the relevant criteria set forth in Comprehensive Plan and Zoning Code.
- ___ A Legal Description accompanied by a certified survey or the portion of the map maintained by the Seminole County Property Appraiser reflecting the boundaries of the subject property (To scale).



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CITY LIMITED RIGHT OF ENTRY: By submitting this Application you hereby grant temporary right of entry for City Officials to enter upon the subject property for purposes of evaluating this Application and posting on the subject property.

APPLICANT’S AUTHORIZATION: I desire to make Application for an Annexation, CP Amendment, and Rezoning for the aforementioned project and have read and agree to the terms contained herein. In addition, if the Applicant is a corporate entity, the undersigned hereby represents and warrants that he/she is authorized to act on behalf of, and bind, the corporate entity.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

Business Name: _____

Address: _____ Parcel ID: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

_____ Date: _____ (seal):

Notary Public Signature: _____

My Commission expires: _____

Note: The Property Owner shall sign and have their signature notarized below if the Applicant is not the owner of the subject property.

Property Owner’s Name (Print): _____

Property Owner Signature: _____ Date _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

_____ Date: _____ (seal):

Notary Public Signature: _____

My Commission expires: _____