



**CITY OF WINTER SPRINGS
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434
Winter Springs, Florida 32708
customerservice@winterspringsfl.org

Application –Rezoning

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 will be reviewed for sufficiency (completeness) within thirty (30) calendar days per [FL Statue 166.033](#). A Community Workshop may be required.

Rezoning 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.

REQUIRED INFORMATION

Applicant(s): _____ Date: _____

Mailing address: _____

Email: _____

Phone Number: _____

Property Owner(s): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Project Name: _____

Property Address: _____

Parcel ID(s): _____



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Parcel Size: _____

Existing Use: _____

Existing Future Land Use Designation: _____

Existing Zoning District: _____

Proposed Zoning District: _____

Is the proposed rezoning in compliance with all procedural requirements established by City code and law?

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 rezoning consistent with any master plan applicable to the property?

Is the proposed rezoning contrary to the land use pattern established by the City’s Comprehensive Plan?

Substantiate how the proposed rezoning will not create a spot zone (prohibited by law).

Does the proposed rezoning materially alter the population density pattern in a manner that will overtax the load on public facilities and services such as schools, utilities, streets, and other municipal services and infrastructure?



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Does the proposed rezoning result in existing zoning district boundaries that are illogically drawn in relation to existing conditions on the property and the surrounding area and the land use pattern established by the City’s Comprehensive Plan?

Do changed or changing conditions make the proposed rezoning necessary for the City to serve the population and economic activities?

Will the proposed rezoning seriously reduce light or air to adjacent areas?

Does the Applicant understand that, IF the City were to be presented with competent substantial evidence indicating that the property values would be adversely affected by the proposed rezoning, the Applicant would then need to demonstrate that the proposed rezoning change would not adversely affect property values in the surrounding area?

Describe how the proposed rezoning will not be a substantial detriment to the future improvement or development of vacant adjacent property and surrounding property.

Describe how the proposed rezoning does not constitute a grant of special privilege to an individual owner as contrasted with the public welfare and legitimate government interests?



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Explain how the proposed rezoning and allowed uses, intensity, and density are compatible with and not out of scale or incompatible with the surrounding existing development and needs of the neighborhood or the City.

Does the proposed rezoning violate any of the City’s applicable land use regulations?

Applications in the Town Center to rezone to a transect zone shall meet additional criteria on Sec. 20-31(d)(15).

List all witnesses that the applicant intends to present to the City Commission to provide testimony:

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:

Applications in the Town Center to rezone to a transect zone shall meet additional criteria on Sec. 20-31(d)(15).

___ Acknowledged

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



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REQUIRED DOCUMENTATION

- ___ A complete Application and Fee
- ___ 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 a 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: _____