

## VOLUNTARY ANNEXATION PETITION (WITH LAND USE AND ZONING)

In order to receive City services, you must apply for voluntary annexation. It will also be necessary to obtain a City future land use map designation and zoning district. Please contact Development Services at (352) 629-8404 for a land use map designation, zoning district consultation, hearing dates, fee information, and to submit your application.

## **FEES:**

Annexation: (\$2,500)

Existing single-family or duplex dwellings, on a parcel of one acre or less, may file a combined application for annexation, land use and rezoning for a fee of \$500.

## Land Use Map Amendments:

Large Scale: (\$5,000)

A large scale amendment is required for property with an area of fifty (50) or more acres. Please be advised that if the land use amendment is recommended for transmittal with a text amendment, an additional \$1,500 fee will be due prior to transmitting the case to the State.

Small Scale (10-50 acres): (\$2,500)

Small Scale (under 10 acres): (\$1,500)

Small Scale (under 10 acres) and Rezoning: (combined fee – land use & rezoning \$2,000)

Rezoning: (\$1,250)

Planned Development (PD) zoning requests shall be submitted using the PD zoning application.



## PETITION FOR VOLUNTARY ANNEXATION AND LAND USE AND ZONING DESIGNATIONS APPLICATION

Counci	etition, dated this I of the City of Ocala, Florida, I ners, hereinafter called the "P SSETH	nereinafter called the "Counc		
partial	WHEREAS, the Petitioner is the ly within the unincorporated a			ocation entirely or
and	WHEREAS, such real property	is compact and contiguous	to the City o	f Ocala, Florida;
Ocala,	<b>WHEREAS</b> , the Petitioner des Florida, and included within it			•

WHEREAS, land annexed through voluntary annexation shall not result in the creations

under the provisions of Section 171.044, Voluntary Annexation, Florida Statutes; and

of enclaves; and

WHEREAS, the Council of the City is vested with the authority to grant this petition

**WHEREAS**, the Petitioner respectfully requires that the Council adopts a non-emergency ordinance, pursuant to Section 171.044, Florida Statutes, to annex such real property and officially redefines the boundary lines of the municipality of the City of Ocala to include such property.

Name of Petitioner(s):							
Mailing address:					City:	State:	
Phone:				ı	Email:		
Parcel Numb	<u>er(s)</u> :						
Section:		Township:		Range:		Size of Property:	
Attach Legal Description: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided. An electronic file of the legal description in Word format, plus a sketch of description (PDF), must be submitted with the application.							
Street addres	•						
Present Land Use designation:  Present Zoning District: (requests for PD zoning shall be submitted using the PD Zoning Application)  Requested Zoning District:  Description of request:							
The application will not be processed if these items do not accompany the application:  Deed or other proof of ownership  Notarized signature of the current property owner(s) & the agent's signature, if applicable  The appropriate fee in cash or check (Payable to the City of Ocala)  Electronic file of legal description in Word format, plus sketch of description (PDF)							

**ATTENDANCE** at the public hearing by the applicant or agent (as designated in writing)

IS RECOMMENDED

This petition <u>must</u> bear the notarized signatures of <u>all</u> owners of property in the area proposed to be annexed. (Please make additional copies of this page if property has more than one owner)

I,(Name)	, as _	(Title)	of	(Fn	tity Name)		
I,							
Owner's Signature:		Address					
STATE OFC	OUNTY OF	Before me, this _	day of	, 20	, personally		
appeared who executed the foregoing instrument and acknowledged before me							
that same was executed for the purposes therein expressed. $\Gamma$							
☐ Personally known <b>or</b> ☐ Produced Identification							
Type of ID produced:							
Signature of Notary:			L		Т		
Print Name:		My commission expires:					
I,, am the legal representative of the applicant and am authorized to speak on his behalf for the subject matter.							
Agent's Mailing address:		_					
City:		Stat	e:				
Agent's Phone:		Age	nt's Email:				
Agent's Signature:							