

TOWN OF LANTANA

Preserving Lantana's small town atmosphere through responsible government and quality service.

COMPREHENSIVE PLAN MAP AMENDMENT & RE-ZONING APPLICATION INFORMATION

****Must have a pre-application meeting with the Community Planner.
Call 561-540-5034 for an appointment**

Application Fee: \$4,000.00 for Comprehensive Plan Amendment and Rezoning
\$1,500 for Zoning Text Change

Number of Copies: Please contact the Community Planner for the number of application form and back-up documents such as plans, proposed text change, support letters and surveys required.

Complete application packet: A complete application packet must include: the application form; any back-up documents, plans, proposed text change, support letters, etc., the prepared and stamped envelopes; the verified mailing list and map from Property Appraiser's office; and the appropriate fees. **Applications must be submitted to the Lantana Development Services Department no later than 12:00 noon, twenty one (21) days prior to the first Wednesday of the month. For an appointment, contact the Community Planner, at 561-540-5034.**

Public Notice: The Town must mail two notices of your request to neighboring property owners. You must obtain from the Palm Beach County Property Appraiser's office and provide the Town with **two sets** of mailing addresses and a list of owners of all real property within a three hundred (300) foot radius of the subject property, along with a map of said area and a set of mailing labels.

For each address you must provide to the Town a #10 envelope with mailing labels and attach the appropriate forms (Certified Mail Receipts & Return Receipt Cards) and postage in place for Certified Mailing with return address and return receipts made to:

Town Hall
Attn: Development Services Department
504 Greynolds Circle
Lantana, FL 33462-3213

The Town will prepare the appropriate Legal Notice for mailing, and submit to the local newspaper for publication.

Meeting Schedule: All meetings are held in the Town Council Chambers at Town Hall, 500 Greynolds Circle. The applicant will be notified of the specific schedule of Town meetings and public hearings. The Plan Review Committee (PRC) meetings are held on the first Wednesday of the month at 10:00 a.m. The Planning Commission, sitting as the Local Planning Agency, will hold a public hearing on the amendment request on the fourth Thursday of the month at 7:00 p.m. The Town Council meets on the second and fourth Mondays of the month at 7:00 p.m. and will hold two public hearings on the amendment request. The first public hearing will be the "Transmittal Hearing" where the plan amendment ordinance is read and discussed for the first time. Following the first public hearing the amendment will be transmitted to the Florida Department of Community Affairs (DCA) for its review.

Upon receipt of the DCA comments, the Town Council will hold a second public hearing at which the ordinance is read and adopted.

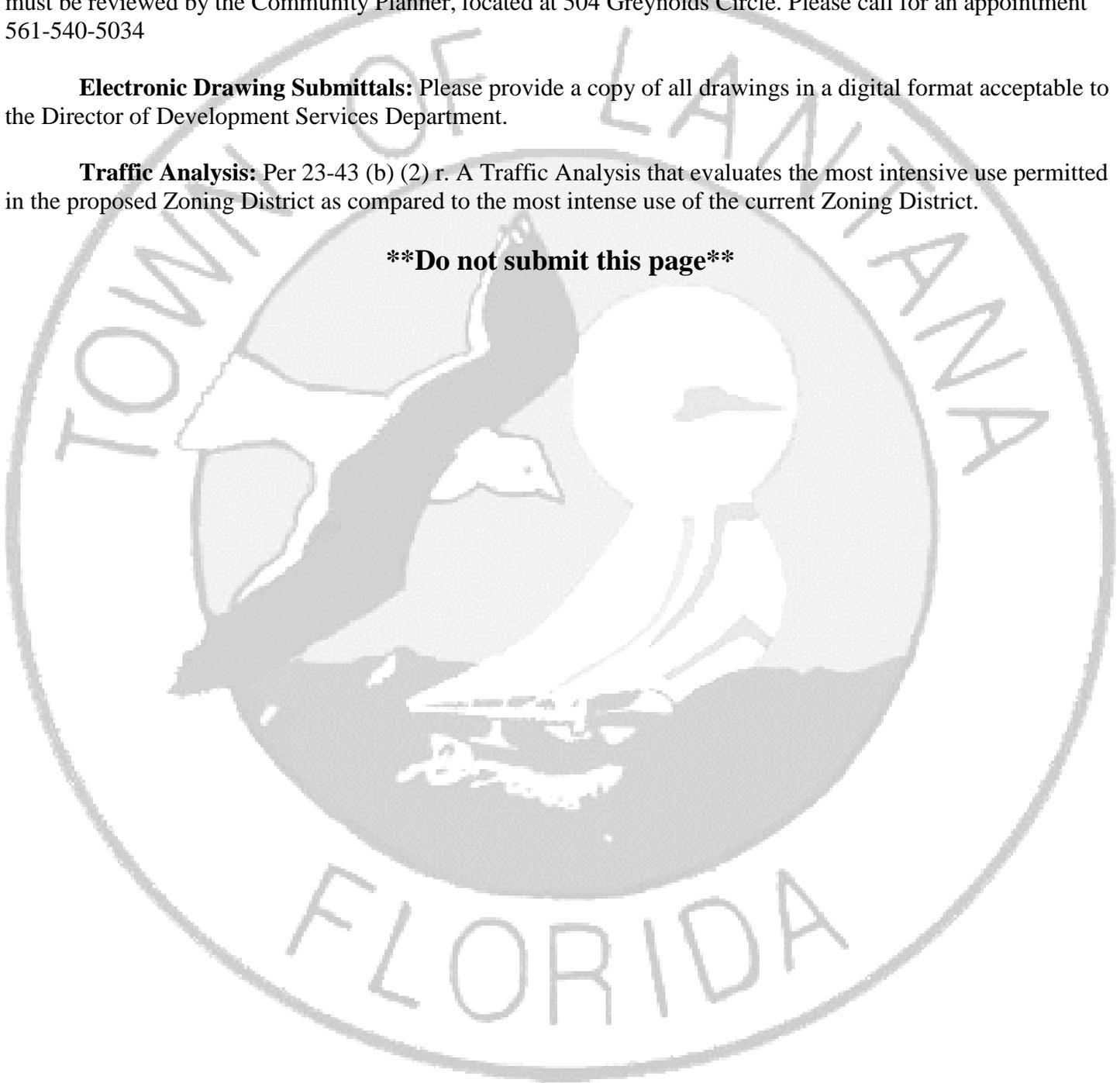
All meeting and hearing dates are subject to change pending holidays and Town Council Agenda schedules.

Preliminary Review: Prior to submitting the completed application packets, a draft application packet must be reviewed by the Community Planner, located at 504 Greynolds Circle. Please call for an appointment 561-540-5034

Electronic Drawing Submittals: Please provide a copy of all drawings in a digital format acceptable to the Director of Development Services Department.

Traffic Analysis: Per 23-43 (b) (2) r. A Traffic Analysis that evaluates the most intensive use permitted in the proposed Zoning District as compared to the most intense use of the current Zoning District.

****Do not submit this page****



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CASE #: _____

SUBMITTAL DATE: _____

A complete application packet must include: the application form; any back-up documents, plans, proposed text change, support letters, etc., survey, traffic study, proof of ownership, the prepared and stamped envelopes; the verified mailing list and map from Property Appraiser's office; and the appropriate fees.

Property Owner(s)	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

*****DO NOT WRITE BELOW THIS LINE ---- FOR DEPARTMENTAL USE ONLY*****

ACCEPTED FOR REVIEW

Town Official: _____ Date: _____

Fee (s) Paid: _____

Confirmation letter for water and sewer service included? Yes _____ No _____

Traffic concurrency letter from P.B. County included? Yes _____ No _____

TOWN ACTION

Town Council: _____ Date: _____

GENERAL DATA (Submittal Requirements per Section 23-43 of Zoning Code)

Project Name: _____

Project Location: (Address if known) _____

Property Control Number: _____

Existing Zoning: _____

Proposed Zoning: _____

Existing Comprehensive Plan Designation: _____

Proposed Comprehensive Plan Designation: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Total Site Area (to nearest one-hundredth of acre): _____ Acres

Is the site currently served by public water? Yes _____ No _____

Is the site currently served by public sewer? Yes _____ No _____

Provide:

- a copy of last recorded warranty deed
- a sealed boundary survey

RESIDENTIAL

Total Number of Dwelling Units: _____
Existing Proposed

Density (Units per acre): _____
Existing Proposed

COMMERCIAL

Total Square Footage: _____ Number of Buildings: _____

2. **Not an Isolated District-** Show how the proposed amendment would not create an isolated district or would not grant a special privilege to an individual property owner as contrasted with protecting the public welfare.

3. **Changing Conditions-** Show how conditions have changed or are changing to make the proposed amendment desirable.

4. **Compatible with Utilities, Roadways and Other Public Facilities-** Show how the proposed amendment is compatible with existing or proposed utilities, roadways, and other public facilities.

5. **Adjacent and Nearby Properties-** Show how the proposed amendment would affect adjacent or nearby properties with regard to compatibilities, property values, etc.

6. **Development Potential Under Existing Zoning-** Could the property physically be developed under existing land use category and zoning. Why or why not?

7. **Scale of Development-** Is the proposed development reasonably related to the needs of the neighborhood and Town as a whole?

8. **Adequate Sites Elsewhere.** Are there adequate sites elsewhere in Town where this use is already allowed? Please describe.

Applicant's Certification

(I) (We) affirm and certify that (I) (we) understand and will comply with all provisions and regulations of the Town of Lantana, Florida. (I) (We) understand that if this application is approved by the Town, the aforementioned real property described herein will be considered, in every respect, to be part of the Town of Lantana, (if not already) and will be subjected to all applicable laws, regulations, taxes and police powers of the Town including the Comprehensive and Zoning Ordinance. (I) (We) further certify that all statements and diagrams submitted herewith are true and accurate to the best of (my) (our) knowledge and belief. Further, (I) (we) understand that this application and attachments become part of the Official Records of the Town of Lantana, Florida, and are not returnable.

Witness

Signature of Applicant

Witness

Printed Name of Applicant

Date

Applicant is:

- Owner
- Optionee
- Lessee
- Agent
- Contract Purchaser

Address:

Phone: (____) _____ Fax (____) _____
Email: _____

OWNERS AUTHORIZATION (if Applicant is not the owner)

(I) (We) affirm and certify that _____, the applicant, is hereby authorized to represent me in all dealings regarding this petition with the Town of Lantana.

Witness

Signature of Owner

Witness

Printed Name of Owner

Date



DOROTHY JACKS
 CFA, AAS
 Palm Beach County Property Appraiser

Governmental Center - Fifth Floor
 301 North Olive Avenue
 West Palm Beach, FL 33401
 tel 561.355.3230
 fax 561.355.3963
 pbcgov.org/papa

ORDER#: _____ DATE RECEIVED: _____

REQUEST FOR DATA RUN OR PROPERTY INFORMATION

NAME OF COMPANY AND/ OR INDIVIDUAL: _____
 (PLEASE PRINT)

ADDRESS: _____
 (PLEASE PRINT)

TELEPHONE NUMBER(S): _____ E-MAIL ADDRESS: _____

RADIUS - OPTIONAL - WHERE NEEDED, (INDICATE NUMBER OF FEET FROM STARTING POINT): _____

PROPERTY CONTROL NUMBERS (PCN'S) - FOR VARIANCES: _____

PUBLIC RECORDS - DESCRIPTION OF RUN OR AREA REQUESTED: _____

INDICATE AMOUNT NEEDED:

- | | |
|---|--|
| <input type="checkbox"/> VARIANCE REQUEST | <input type="checkbox"/> OWNER(S) OF CONDO UNITS |
| <input type="checkbox"/> RADIUS MAP SETS | <input type="checkbox"/> TAX ROLL RECEIPTS |
| <input type="checkbox"/> LABEL SETS | <input type="checkbox"/> CD FORMAT (CSV) |
| <input type="checkbox"/> OWNERS LIST | <input type="checkbox"/> EXCEL FORMAT |

I, THE UNDERSIGNED, WISH TO ORDER THE ABOVE DESCRIBED DATA RUN; (ORDER WILL BE PROCESSED **ONLY** AS MARKED OR AS INDICATED ABOVE).

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY CHARGES INCURRED FROM PROCESSING THIS ORDER. OUR OFFICE MAY CALL YOU TO REQUEST PAYMENT IN ADVANCE OR NON-REFUNDABLE DEPOSIT BEFORE THE WORK IS PROCESSED.

OFFICE USE ONLY

CONTACT: PUBLIC SERVICE DEPARTMENT - VARIANCES

PHONE: PROPERTY APPRAISER PUBLIC RECORDS
 561.355.2881 FAX: 561.355.1528

EMAIL: pa-pubsvc@pbcgov.org

 (PRINT CONTACT NAME)

 (SIGNATURE)

 (DATE)



DataRunReq.Revised 01/03/2017

WEST COUNTY SERVICE CENTER
 2976 State Road 15
 Belle Glade, FL 33430
 tel 561.996.4890
 fax 561.996.1661

NORTH COUNTY SERVICE CENTER
 3188 PGA Blvd., Suite 2301
 Palm Beach Gardens, FL 33410
 tel 561.624.6521
 fax 561.624.6565

MID-WESTERN COMMUNITIES SERVICE CENTER
 200 Civic Center Way, Suite 200
 Royal Palm Beach, FL 33411
 tel 561.784.1220
 fax 561.784.1241

SOUTH COUNTY SERVICE CENTER
 14925 Cumberland Drive
 Delray Beach, FL 33446
 tel 561.276.1250
 fax 561.276.1278