

City of Safety Harbor Application for ANNEXATION

Date Received:	
File Number:	
Staff Reviewer:	

1. PROPERTY OWNER:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

2. PETITIONER (if same as property owner, write "Same"):

Name:		
Address:		
Telephone:	Fax:	E-Mail:

3. AGENT FOR PETITIONER:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

4. SITE INFORMATION:

Address:		
Acres:	Sq. Ft.	Parcel ID#:
Subdivision:	Lot#	Block#:

5. LAND USE INFORMATION:

Current Land Use:
Current Countywide Future Land Use Designation:
Proposed City Future Land Use Designation:

7. REASONS FOR REQUESTING ANNEXATION:

8. REQUIRED INFORMATION:

Signed and Sealed Survey

Proof of Ownership (Copy of Warranty Deed, Title Certification, etc.)

___ Number of people residing at the property at time of annexation

9. APPLICATION FEES (Must be paid prior to processing):

None. If requesting a land use or zoning designation that is not recommended to be assigned by the City, the petitioner must complete a separate Future Land Use and/or Zoning Atlas Map Amendment application.

NOTARIZED AFFIDAVIT

I and/or we, the undersigned certify ownership of the property within this application, certify that said ownership has been fully divulged, whether such ownership be contingent or absolute, and that the names of all parties to any existing contract for sale or any options to purchase are filed with this application.

I/we acknowledge and understand that the if the subject property is annexed into the City of Safety Harbor it will become subject to all City Codes, Ordinances, rules, and regulations. I/we acknowledge and understand that the City of Safety Harbor imposes certain non-ad valorem special assessments on certain specially benefited parcels. I/we acknowledge that I/we have been informed whether the property that is the subject of this petition is subject to one or more such special assessments and hereby consent to the imposition of such assessments as of the date of annexation.

I/we, certify that _____ and _____ is/are duly designated as the agent(s) for the owner, that the agent(s) is/are authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition. Further, it is understood that this application must be complete and accurate, and the fee paid prior to processing.

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____ 20__ by _____.

They are Personally Known OR Produced Identification _____ Type of identification

_____ Signature of Title Holder

_____ Printed Name of Title Holder

_____ Signature of Title Holder

_____ Printed Name of Title Holder

_____ Signature of Notary

_____ Name of Notary [typed, printed or stamped]

NOTARY STAMP

CITY OF SAFETY HARBOR

FUTURE LAND USE DESIGNATIONS

RR	Residential Rural (.5 UPA)
RE	Residential Estate (1.0 UPA)
RS	Residential Suburban (2.5 UPA)
RL	Residential Low (5.0 UPA)
RU	Residential Urban (7.5 UPA)
RM	Residential Medium (15.0 UPA)
RFO	Resort Facilities Overlay
CN	Commercial Neighborhood
ROL	Residential/Office/Limited
ROG	Residential/Office/General
ROR	Residential/Office/Retail
CG	Commercial General
CRD	Community Redevelopment District
IL	Industrial Light
IG	Industrial General
ROS	Recreation/Open Space
P	Preservation
I	Institutional
T	Transportation Utility
U	Water Feature

ZONING ATLAS DISTRICTS

R-1	One Family Dwelling District
RS-60	Single Family Residential District
R-2	One Family Dwelling District
RS-50	Single Family Residential District
R-2B	One and Two Family Dwelling District
R-3	Mixed Residential District
RM	Multi-Family Residential District
R-6	Mobile Home District
PRD	Planned Residential District
E-1	Estate Residential District
P	Public and Conservation District
HF	Hospital Facilities District
GO	General Office
C-1	Neighborhood Commercial District
C-1A	Restricted Commercial District
M-1	Light Industrial and Warehousing
M-3	General Industrial District
CRD	Community Redevelopment District