



# Town of Palm Shores

5030 Paul Hurtt Lane ♦ Palm Shores, FL 32940

## APPLICATION FOR ANNEXATION

This application, to be filed with the Palm Shores Town Clerk, shall be complete and all required documents attached. Fees shall be paid at the time of submittal. The Applicant will be notified of the Public Hearing dates to be scheduled before the Town Planning and Zoning Board and Town Council. The Town and applicant shall adhere to the Florida Statutes regarding annexation procedures.

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS OF PROPERTY TO BE ANNEXED: \_\_\_\_\_

PROPERTY CURRENTLY LOCATED IN: CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

### LEGAL DESCRIPTION OF PROPERTY TO BE ANNEXED:

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT/PARCEL: \_\_\_\_\_

ORB/PAGE: \_\_\_\_\_

TOTAL ACREAGE: \_\_\_\_\_ DIMENSIONS: \_\_\_\_\_

CURRENT USE: \_\_\_\_\_

PRESENT ZONING CLASSIFICATION: \_\_\_\_\_

PRESENT FUTURE LAND USE CLASSIFICATION: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

REQUESTED ZONING CLASSIFICATION: \_\_\_\_\_

REQUESTED FUTURE LAND USE CLASSIFICATION: \_\_\_\_\_

### REQUIRED EXHIBITS:

\_\_\_\_\_ A. A **County Property Appraiser's map** describing the exact parcel with legal description of parcel.

\_\_\_\_\_ B. A copy of the most recent **recorded warranty deed**.

\_\_\_\_\_ C. A certified **Survey** of the subject request.

\_\_\_\_\_ D. **Notarized statement**(s) from all property owners listed on the warranty deed who are authorizing someone other than themselves to act on their behalf as the applicant.

\_\_\_\_\_ E. **Fee due with application**: Under 3 acres: \$650.00; Over 3 acres: \$1200.00 to be paid with application.\*

\_\_\_\_\_ F. **Fee due with application**: Precinct Change fees as required per F.S. Section 101.001 in the Amount of \$210.00 per Ordinance and Parcel for Annexations, as assessed by Brevard County Supervisor of Elections.\*

\_\_\_\_\_ G. **Notice of Additional Fees**: Filing and recording with Brevard County as required by State Law, to be invoiced upon receipt of charges assessed by County. (*Applicant to initial acknowledging notice of fee.*)\*

\_\_\_\_\_ H. **Notice of Additional Fees**: Advertisement fees as required by State Law, to be invoiced upon receipt of charges assessed by Florida Today. (*Applicant to initial acknowledging notice of fee.*)\*

**\*NOTE: Additional fees may be applied to the applicant. (Ex. Town Planner's fees, etc.)**

*The Town of Palm Shores*

Phone: (321)-242-4555 ♦ Fax: (321) 254-7883

Rev 06/2008



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The undersigned understands that this application must be complete and accurate prior to advertising a public hearing.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_, I, \_\_\_\_\_

being first duly sworn, depose and say that:

\_\_\_\_\_ I am the owner of the subject property, or if corporation, I am the officer of the corporation authorized to act on this request.

\_\_\_\_\_ I am the legal representative of the owner of the subject property of this application (If the property is not owned or owned only in part by the applicant, either a Form "A" or a notarized letter must accompany the application giving written consent by all property owners of the subject property unless the applicant is the Attorney of the owner.)

ALL THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION AND ALL SKETCHES AND DATA ATTACHED TO AND MADE A PART OF THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
(Print, type of stamp Commissioned Name of Notary Public) (Applicant Signature)

Personally known \_\_\_\_\_ OR Produced Identification: \_\_\_\_\_  
\_\_\_\_\_

Type of ID produced: \_\_\_\_\_ (Notary Signature)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

**FOR TOWN OF PALM SHORES USE ONLY:**

**TOWN OF PALM SHORES ANNEXATION NUMBER:** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

FEES PAID: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

PZ/LPA MEETING DATE: \_\_\_\_\_ TOWN COUNCIL: \_\_\_\_\_

**SIGNATURE OF PERSON ACCEPTING APPLICATION:** \_\_\_\_\_