

1. Pre-submittal
  - a. Identify potential significant issues with the proposal.
  - b. Written comments usually provided to applicant within a few days.
2. Submittal
  - a. Following step 1, applicant submits formal application to Planning and Zoning Commission with application fees.
  - b. Commission will review the application and verify that all required documents are present:
    - i. Pre – Submittal Review
    - ii. Completed Replat Application
    - iii. Application Fees
      1. Replat Application Fee: \$250.00
      2. Replat Administrative Review Fee: \$500.00
    - iv. Five (5) paper copies of the proposed replat
    - v. A statement indicating whether water and/or sanitary sewer service is available to the property;
    - vi. Land descriptions and acreage or square footage of the original and proposed lots and a scaled drawing showing the intended division shall be prepared by a Professional Land Surveyor registered in the State of Florida. In the event a lot contains any principal or accessory structures, a survey showing the structures on the lot shall accompany the application.
    - vii. Boundary survey and Title Opinion for all parcels included in replat. (FS 177.041)
  - c. ***Once all materials are provided, P&Z will present the application to the Town Council at the next scheduled public meeting.***
3. Submittal Review
  - a. P&Z Commission will perform a completeness review to identify any additional info that may be needed and comments on any obvious conflicts with the ToPF LDRs and Florida Statutes;
  - b. Before approval, the Town Council will hire a Professional Surveyor and mapper licensed in the State of Florida to review the submitted Title Opinion and Survey that the applicant submits with the Replat Application (FS 177.081 (1))
  - c. If the proposed Replat meets the conditions for this section and otherwise complies with all applicable laws and Ordinances, the Town Council shall approve the Replat.
4. Applicant Revision
  - a. Applicant can review the notes and pre-referral letter provided by the Town of Penney Farms P&Z and staff and submit any updates and additional materials necessary before the application is submitted to the Town Council for approval.
5. Staff Review
  - a. P&Z checks that all comments have been addressed in resubmittal.
  - b. Once application is finalized, P&Z will schedule with Town staff to be placed on agenda for upcoming Town Council Meeting.
  - c. Approval Standards:
    - i. Compliance with all applicable standards and criteria and the original conditions of approval

- ii. Non-conforming lots are not created, and in the case of nonconforming lots, the nonconformity is not increased.
- iii. Complies with the Town of Penney Farms LDRs
- iv. Does not adversely affect the public health, safety, and welfare.
- v. Conforms with the goals, objectives, and policies of the Town of Penney Farms Comprehensive Plan.

6. Public Meeting

- a. The Town of Penney Farms holds monthly Town Council Meetings to the public.
  - i. Town staff will identify the upcoming meeting and relay the date and time to the applicant. P&Z will present a report to the Council at meeting (a copy of said report will be sent tot the applicant prior to the meeting)
  - ii. At the meeting, the P&Z Commission will present the project information.
    - 1. **Applicant should be prepared to present pertinent information and address questions about the proposal.**

7. Recordation

- a. Within 60 days of approval of the replat, the applicant must submit a mylar – ready for recordation, with all required documentation.
- b. Within 30 days of the receipt of the replat and supporting documentation with signatures from the Town Council, the mylar will be recorded by the Town of Penney Farms with the County at the applicants expense.



## TOWN OF PENNEY FARMS

*Planning & Zoning  
Commission*

### Town Hall

4100 Clark Avenue

Penney Farms, FL 32079

Phone: 904-529-9078

Fax: 904-284-4405

Office Hours: *Monday – Friday 7:30am – 2:00pm EST*

## EXHIBIT B

### Town of Penney Farms Planning & Zoning Commission

## APPLICATION FOR REPLAT

### Application Package Contents

#### **ALL APPLICATIONS SHALL BE SUBMITTED TO TOWN HALL**

The final approval of the replat plan and issuance of any approval shall be made contingent upon approval of a plat conforming to the provisions of Florida Statutes *Article XII, Chapter 177, Part I*

**NO REPLAT SHALL BE APPROVED IF THE REPLAT DOES NOT ACCURATELY REFLECT AND INCLUDE ALL DEDICATED PUBLIC ROADS. IF THE APPLICANT WISHES TO EXCLUDE DEDICATED PUBLIC ROADS FROM THE REPLAT, THE APPLICANT, PRIOR TO SUBMITTING THE REPLAT APPLICATION, SHALL REQUEST THE TOWN TO VACATE/CLOSE/ABANDON SAID ROADS.**

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## **INITIAL SUBMITTAL CHECKLIST**

### APPLICATION FOR REPLAT – INITIAL SUBMITTAL WILL INCLUDE THE FOLLOWING ITEMS

If any submittals do not meet these requirements, they *will not* be accepted.

Additional items may be required.

- Pre-Submittal Review
- Completed Application
- Application Fees
  - Replat Application Fee: **\$250.00**
  - Replat Administrative Review Fee: **\$500.00**
- Five (5) Paper Copies of the Proposed Replat
- A statement indicating whether water and/or sanitary sewer service is available to the property
- Copy of Title Search, Opinion with a copy of any recorded covenants and restrictions on the subject parcel(s)
- Boundary Surveys (signed and sealed) (survey must be within 1 year of submittal date to be considered recent)
- *Note: Any costs associated with the replat (i.e., Survey/Mapper and filing of documents) shall be the responsibility of the applicant. The Town of Penney Farms accepts cash, check, and money order.*

### **MEETING LOCATION**

- Town Council Chamber Room  
4100 Clark Avenue  
Penney Farms, Florida 32079

### **MAILING ADDRESS**

- Please send all correspondence to the Town of Penney Farms mailing address:
  - Town of Penney Farms  
PO Box 1041  
Penney Farms, FL 32079-1041





**Applicant Information**

Company or Individual Name: \_\_\_\_\_

Person or Representative Submitting Application: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property Information**

Legal Description(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parcel Identification Number(s) Obtained from Property Appraiser's Office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driving directions to the site from the nearest major intersection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner Information (if different from applicant)**

Name: \_\_\_\_\_

*\*If company or corporation, name of secretary or officer*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Agent Information (if different from applicant)**

Name: \_\_\_\_\_

*\*If company or corporation, name of secretary or officer*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Engineer**

Name: \_\_\_\_\_

*\*If company or corporation, name of secretary or officer*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_





**Agent Affidavit / Special Power of Attorney**

STATE OF FLORIDA, COUNTY OF CLAY

KNOW ALL MEN BY THESE PRESENTS, that I \_\_\_\_\_ am presently the owner and/or leaseholder of \_\_\_\_\_ and desiring to execute a Special Power of Attorney, have made, constituted, and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_ whose address is \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, my Attorney full power to act as my agent in the process of obtaining an \_\_\_\_\_ pertaining to \_\_\_\_\_.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary tasks in the execution of aforesaid authorization with the same validity as I could affect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

WITNESS:  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

APPLICANT:  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_

STATE OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

Physical Presence

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_, for \_\_\_\_\_.

(SEAL)

Printed Name of Notary Public  
\_\_\_\_\_  
Signed Name of Notary Public  
\_\_\_\_\_  
Commission Number:  
\_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT**

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in *FS. 775.082* or *FS. 775.083*.

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by the Town of Penney Farms. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant's Signature

Printed Name

Date

\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

Physical Presence

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_, as \_\_\_\_\_.

For \_\_\_\_\_.

(SEAL)

\_\_\_\_\_

Signature of Notary Public

\_\_\_\_\_

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_



# Property Ownership Affidavit Town of Penney Farms, FL

Date: \_\_\_\_\_

Town of Penney Farms  
Town Hall  
4100 Clark Avenue  
Penney Farms, FL 30279

Re: Property Owner Affidavit for the following site location (Provide Parcel numbers and address, attach additional sheets if necessary):

To Whom it May Concern:

I, \_\_\_\_\_ hereby certify that I am the Owner of the property described in Exhibit B in connection with filing application(s) for \_\_\_\_\_ submitted to the Town of Penney Farms Planning and Zoning Commission.

**If owner is Individual:**

**If Owner is Corporate Entity:\***

**Print Corporate Name:**

By \_\_\_\_\_

By \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**\* If Owner is Corporate Entity, please provide documentation illustrating that signatory is an authorized representative of Owner; this may be shown through corporate resolution, power of attorney, printout from sunbiz.org, etc.**

**STATE OF FLORIDA  
COUNTY OF CLAY**

Sworn to and subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 2021, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who took an oath.

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

\_\_\_\_\_  
(Printed name of NOTARY PUBLIC)

State of Florida at Large.  
My commission expires: \_\_\_\_\_



# Agent Authorization Affidavit – Property Owner Town of Penney Farms, FL

Date: \_\_\_\_\_

Town of Penney Farms  
Town Hall  
4100 Clark Avenue  
Penney Farms, FL 30279

Re: Agent Authorization for the following site location (Provide Parcel numbers and address, attach additional sheets if necessary):

To Whom it May Concern:

You are hereby advised that the undersigned is the owner of the property described in Exhibit B attached hereto. Said owner hereby authorizes and empowers \_\_\_\_\_ to act as agent to file application(s) for \_\_\_\_\_ the above-referenced property and in connection with such authorization to file such applications, papers, documents, requests, and other matters necessary for such requested change.

**If owner is Individual:**

By \_\_\_\_\_

Print Name: \_\_\_\_\_

**If Owner is Corporate Entity:\***

**Print Corporate Name:**

By \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**\* If Owner is Corporate Entity, please provide documentation illustrating that signatory is an authorized representative of Owner; this may be shown through corporate resolution, power of attorney, printout from sunbiz.org, etc.**

**STATE OF FLORIDA  
COUNTY OF CLAY**

Sworn to and subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 2021, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who took an oath.

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

\_\_\_\_\_  
(Printed name of NOTARY PUBLIC)

State of Florida at Large.  
My commission expires: \_\_\_\_\_