



CITY OF ORMOND BEACH

v3.2013

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3238

www.ormondbeach.org

comdev@ormondbeach.org

PETITION/CONSENT FOR ANNEXATION

For Planning Department Use

Application Number

Date Submitted

APPLICANT INFORMATION

This application is being submitted by: Property Owner Agent on behalf of Property Owner*

Name

Full Address

Telephone Email

* If this application is being submitted by a person other than the property owner, please provide the following Property Owner Information as well as a notarized letter designating you as agent.

PROPERTY OWNER INFORMATION**

Name

Full Address

Telephone Email

** If the property owner does not reside on the property for which the application refers, please provide the following details.

PROPERTY DETAILS***

Full Address

Parcel ID Number

Subdivision

Legal Description

Total Acreage

Present Use of Property

Number of Residents On Site (if applicable)

PROPERTY DETAILS (continued)

Existing Structures
Located On Site

County Future Land Use
Designation

Assessed Property Value

Taxable Value

***Proof of property ownership must be included with this Petition/Consent for Annexation.

REQUEST

Reason for Request

CERTIFICATION

I hereby certify that the information provided above is true and correct to the best of my knowledge and that I am aware of the application submittal requirements and review process for this application. I hereby authorize the City of Ormond Beach Staff to visit my property and to take pictures pertaining to my request. I am aware of the required pre-application meeting and am aware that if all of the required information is not provided, my application will be continued to the next regularly scheduled meeting.

Signature: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by _____,
as _____ (title*) for _____ (name of corporation*),
who () provided _____ as identification, or () who is personally known to me.

Notary Public, State of Florida
My Commission Expires:

* If you are executing this document on behalf of a corporation please complete the spaces with your title and the name of your company as indicated.