

**CITY OF CRESTVIEW
APPLICATION FOR VOLUNTARY ANNEXATION**

I. GENERAL DATA

OWNER'S NAME (Last, First, M.I.) _____

ADDRESS: _____ TELEPHONE: _____

_____ EMAIL: _____

LEGAL DESCRIPTION Lot #. _____ Block _____ Subdivision _____
(or attach legal description of metes and bounds property)

PARCEL / TAX I.D. NUMBER _____

PROPOSED ZONING: _____ PROPOSED LAND USE: _____

CURRENT ZONING: _____ CURRENT LAND USE: _____

RESTRICTIVE COVENANTS EASEMENTS RECORDED SOLID WASTE FRANCHISE
YES NO YES NO YES NO

RURAL WATER DISTRICT INVOLVED: YES NO

I CERTIFY THAT THE PETITIONER(S) OF LAND DESCRIBED ABOVE DULY EXECUTED A PETITION REQUESTING VOLUNTARY ANNEXATION INTO THE CORPORATE LIMITS OF CRESTVIEW, FLORIDA PURSUANT TO F.S. CHAPTER 171. FURTHER, THAT INFORMATION HAS BEEN PROVIDED OUTLINING ANNEXATION PROCEDURES OF THE CITY AND THAT NO PRECONDITIONED PROMISES HAVE BEEN MADE CONCERNING ZONING, LAND USE OR DEVELOPMENT OTHER THAN THAT AUTHORIZED WITHIN THE CODE, LAND USE REGULATIONS OR FLORIDA STATUTES. FURTHER, I UNDERSTAND THAT PROCESSING AND MAP/BOUNDARY FEES ARE DUE UPON APPLICATION. PLAN AMENDMENT FEES ARE DUE PRIOR TO COMPLETION OF ANNEXATION AND THAT PUBLICATION COST FOR PUBLIC HEARINGS ARE DUE WHEN BILLED BY THE NEWSPAPER.

Note: F.S. 171 requires that the City verify that all owners sign petition for annexation. Utilize additional sheets if necessary.

SIGNATURE OF PETITIONER(S)

DATE

II. ADMINISTRATIVE SERVICES DEPARTMENT USE ONLY

FEES:

AMOUNT OF PROCESSING FEES PAID \$ _____

AMOUNT OF MAP/BOUNDARY REVISION FEES PAID \$ _____

AMOUNT PAID FOR PLAN AMENDMENT \$ _____

COMMITTEE ACTIONS:

TECHNICAL REVIEW COMMITTEE ACTION

APPROVED DISAPPROVED Date: _____

ZONING BOARD ACTION

APPROVED DISAPPROVED Date: _____

CITY COUNCIL ACTION

APPROVED DISAPPROVED Date: _____