

ANNEXATION

ATTACHMENT TO PETITION

ANNEXATION PETITIONS MUST BE SIGNED BY EACH OWNER AND ACCOMPANIED BY A \$250.00 CHECK (FOR SINGLE FAMILY RESIDENTIAL) OR \$500.00 CHECK (FOR ALL OTHERS), MADE PAYABLE TO THE CITY OF SANFORD, TO COVER THE COSTS OF ADVERTISING, RECORDING, AND ETC., REQUIRED BY STATE REGULATIONS.

AND

COMPLETION OF APPLICATION FOR ANNEXATION INFORMATION FOR THE DEPARTMENT OF PLANNING AND DEVELOPMENT SERVICES.

Return completed Annexation Petition to the City Clerk, City Hall, Sanford, Florida.

PETITION FOR ANNEXATION TO THE
CITY OF SANFORD, SEMINOLE COUNTY, FLORIDA

We, the undersigned, being the land owners of the territory hereinafter described, do hereby file this petition for annexation into the City of Sanford, Florida, in accordance with the Laws of Florida, the following described territory, to-wit:

IN WITNESS WHEREOF, I/we, the undersigned, property owner(s) in the above described area, affix my/our hand(s) the day and year stated by my/our respective name(s).

<u>Date</u>	<u>Signature</u>	<u>Address</u>
_____	_____	_____
Print Name _____	_____	_____
_____	_____	_____
Print Name _____	_____	_____
_____	_____	_____
Print Name _____	_____	_____

FILED IN THE OFFICE OF THE CITY CLERK OF THE CITY OF SANFORD, FLORIDA,
THIS _____ DAY OF _____, 20 ____ AT _____ AM PM.

City Clerk of the
City of Sanford, Florida

The undersigned expressly agrees that this Petition for Annexation to the City of Sanford shall be irrevocable by the undersigned and their heirs and assigns, and it shall be binding on any hereafter-acquired interest by or through the undersigned in the land described herein, it being the undersigned's intent that this Petition for Annexation shall be a restriction placed on the land described herein and shall be binding on all successor title holders of said land.

Witness(es) as to Owner(s)

Owner(s) Signature(s)

Print Name _____

Print Name _____

Print Name _____

Print Name _____

STATE OF FLORIDA

COUNTY OF SEMINOLE

I hereby certify that on this day before me, an officer authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared:

to me known to be the person(s) described in and who executed the foregoing instrument and they acknowledged before me that they executed the same. Witness my hand and official seal in Seminole County, Florida this _____ day of _____ A.D. 20_____.

Notary Public State of Florida

APPLICATION FOR ANNEXATION
PLANNING AND DEVELOPMENT SERVICES DEPARTMENT
CITY OF SANFORD

Date of Application: _____

Name of Property Owner (s): _____

Physical Address of Property to be Annexed: _____

Map Attached YES NO (Utilities to be shown)

AT TIME OF APPLICATION FOR ANNEXATION

County Zoning of Property: _____

Corresponding City Zoning: _____

Proposed City Zoning District: _____

Present Use of Property: _____

Number of Living Units on Property: _____

Number of People Living on Property: _____

Intended Use of Property: _____

_____ When: _____

Signature of Property Owner or
Authorized Agent

Mailing Address

Telephone Number

Email

EXHIBIT A

INTERGOVERNMENTAL PLANNING COORDINATION AGREEMENT OF 1997

NOTICE OF RECEIPT OF APPLICATIONS
FOR PROPOSED PLANNING ACTION

NOTICE PROVIDED TO:

FROM:

Seminole County
Altamonte Springs
Casselberry
Lake Mary
Oviedo
Sanford
Winter Springs
School Board

Seminole County
Altamonte Springs
Casselberry
Lake Mary
Oviedo
Sanford
Winter Springs
School Board

- ** Name of Applicant/Initiator of Proposal: _____
- ** Name of Project(s): _____
- ** Street Address or General Location: _____
- ** Tax Parcel Number (or legal description): _____

Location Map Attached

Action Requested:

Annexation: Voluntary Involuntary
 Contraction
 Special Exception/Variance
 Density/Intensity Change
 Rezoning from _____ to _____
 Comprehensive Plan Amendment from _____ to _____
 Facility Improvement/Expansion/Contraction
 Other Land Use Action(describe): _____

- ** Proposed Use of Property: _____
- Publishing Dates for Legal Notice: _____
- Staff Review Scheduled for: _____

Date, Time, Place of Public Hearing: City Commission Chambers, City Hall, 300 N. Park Avenue, Sanford, FL 32771, at 7 PM on: _____

Contact Person: _____

**** TO BE COMPLETED BY APPLICANT**



AFFIDAVIT OF OWNERSHIP AND DESIGNATION OF AGENT

Please use additional sheets as needed. If any additional sheets are attached to this document, please sign here and note below:

_____.

I. Ownership

I, _____, hereby attest to ownership of the property described below:

Tax Parcel Number(s): _____

Address of Property: _____

for which this _____ application is submitted to the City of Sanford.

II. Designation of Applicant's Agent (leave blank if not applicable)

As the owner/applicant of the above designated property for which this affidavit is submitted, I designate the below named individual as my agent in all matters pertaining to the application process. In authorizing the agent named below to represent me, or my company, I attest that the application is made in good faith and that all information contained in the application is accurate and complete to the best of my personal knowledge.

Applicant's Agent (Print): _____ Signature: _____

Agent Address: _____

Email: _____ Phone: _____ Fax: _____

III. Notice to Owner

- A. All changes in Ownership and/or Applicant's Agent prior to final action of the City shall require a new affidavit. If ownership changes, the new owner assumes all obligations related to the filing application process.
- B. If the Owner intends for the authority of the Applicant's Agent to be limited in any manner, please indicate the limitations(s) below. (i.e.: limited to obtaining a certificate of concurrency; limited to obtaining a land use compliance certificate, etc.)

The owner of the real property associated with this application or procurement activity is a (check one)

Individual Corporation Land Trust Partnership Limited Liability Company

Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.
2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.
3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Name of Trust: _____

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

Date of Contract: _____

NAME	TITLE/OFFICE/TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

7. As to any type of owner referred to above, a change of ownership occurring subsequent to the execution of this document, shall be disclosed in writing to the City prior to any action being taken by the City as to the matter relative to which this document pertains.
8. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void or for the submission for a procurement activity to be non-responsive. I certify that I am legally authorized to execute this Affidavit and to bind the Applicant or Vendor to the disclosures herein.

Date

Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by _____,
on this _____ day of _____, 20_____.

Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known ____ **OR** Produced Identification ____
Type of Identification Produced _____