



Environmental Protection and Growth Management Department

PLANNING AND DEVELOPMENT MANAGEMENT DIVISION

115 South Andrews Avenue • Room 329K • Fort Lauderdale, Florida 33301 • 954-357-6634 • broward.org/planning

Rezoning Application Instructions and Checklist

Please read the following instructions carefully prior to filing your application.

The Process

1. Any rezoning request will be scheduled for a hearing before the Broward County Zoning Local Planning Agency (LPA) who will make a recommendation for approval or denial to the Board of County Commissioners.
2. Following the hearing by the LPA, a final hearing will be scheduled before the Board of County Commissioners, who may either accept or reject the recommendation of the LPA.

Before submitting this application, you should review it with the following sections:

Zoning Section

One N. University Dr. ▪ Plantation, Florida 33324
954-765-4400, ext. 9868

Planning Section

115 S. Andrews Av., Rm. 329K ▪ Fort Lauderdale, FL 33301
954-357-6634

Complete and submit your application with the following:

- Two current sealed boundary surveys (*if the property is undeveloped*) or two as-built surveys (*if the property is developed*) plus 18 copies of the survey (*boundary or as-built*) of the petitioned property indicating the gross and net acreage, legal description, all rights-of-way and easements of record.
- Proof of property ownership (*warranty deed*).
- Fee of **\$750** for each zoning district requested, except “Planned Development District” (*PDD*) and “Planned Employment Center” (*PEC*) for which the fee is **\$800** plus **\$15** per acre. **Please make checks payable to Broward County Board of Commissioners.** Checks must be drawn on a bank within Florida.
- A letter or document from the water and sewer provider indicating there is capacity available for any increased needs due to future development.
- A written explanation of how this application meets the criteria for [Section 39-30\(a\)\(1\)](#).

Petitioners, petitioner’s agents, the owner of the subject property and all property owners within 500 feet (*1,000 feet in rural or agricultural areas*) of the petition area will be notified of all public hearings (*at least 10 days prior to LPA and County Commission hearings*). The petitioner or authorized agent is required to attend the hearings.



All information and case files concerning rezoning matters are of public record and available for inspection at our offices upon request.



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Application for Rezoning

Property Owner Information			
Last Name	First Name	Middle Initial	Suffix
Address	City	State	Zip
Phone	Mobile Phone	FAX	Email
Authorized Agent Information			
Last Name	First Name	Middle Initial	Suffix
Company Name	Title or Position		
Address	City	State	Zip
Phone	Mobile Phone	FAX	Email
Petitioner Information <i>(if different from owner)</i>			
Last Name	First Name	Middle Initial	Suffix
Company Name	Title or Position		
Address	City	State	Zip
Phone	Mobile Phone	FAX	Email
Legal Description and Folio Number <i>(or indicate per attached survey)</i>			

Proposed Zoning District(s)	Existing Zoning District(s)	Future Land Use Designation
1. _____ Acreage _____	1. _____ Acreage _____	1. _____ Acreage _____
2. _____ Acreage _____	2. _____ Acreage _____	2. _____ Acreage _____

Proposed Use of Property	Existing Use of Property
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Residential/Commercial Flexibility

5% Residential to Commercial 20% Industrial to Commercial 20% Commercial to Residential Employment Center to Commercial Residential Flexibility Units Reserve Units

Number of Units: _____

If plat is in process, please indicate number: _____ -UP- _____
 If site plan is in process, please indicate number: _____ -SP- _____

Location and acreage of any contiguous property owned or controlled by the petitioner or owner of this property

Owner Certification

This is to certify that I am the owner of the property described on the attached survey and I have authorized the filing of this request. I understand that I or my representative must attend the hearing to present the case.

Owner's Signature

Print Name

NOTARY PUBLIC

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this _____ day of _____ ,
20 _____ , by _____

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____