



City of Belle Glade

Planning & Building Department

110 South Dr. Martin Luther King Jr Blvd West

Belle Glade, FL 33430 (561) 996-0100 Fax (561) 993-1811

STAFF USE ONLY

Intake Date: _____

By: _____

Fee Paid: _____

Receipt: _____

Petition # _____

ANNEXATION APPLICATION

Please submit completed application.

Provide complete legal description by metes & bounds.

I. PROPERTY OWNER AND AGENT INFORMATION

Property Owner(s) of Record: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Applicant (If other than owner): _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Agent & Company Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Consultants: If applicable to your request, please attach a separate list of all consultants that will provide information on this request. You should include the name, address, telephone number, and fax number as well as the type of professional service provided.

II. PROPERTY LOCATION

A. Is the subject property located within one mile of another municipality? [] yes [] no If 'yes' please specify: _____

B. Property Control Number (PCN): If additional PCNs, list on a separate sheet and attach to application.

PCN: [][]-[][]-[][]-[][]-- [][]-[][][]-[][][][]

C. Section: _____ Township: _____ Range: _____ Total Acreage of Subject

Property: _____

D. Project Name: _____

E. Project Address: _____

F. General Location Description (proximity to closest major intersection in miles or fractions thereof):

III. LAND USE AND ZONING INFORMATION

- A. Palm Beach County Zoning Designation: _____
B. Proposed Zoning Designation: _____
C. Palm Beach Future Land Use Designation: _____
D. Proposed Future Land Use Designation: _____
E. Existing Use(s): _____
F. Proposed Use(s): _____

IV. ADJACENT PROPERTIES

Adjacent Property to the	Land Use Designation	Zoning Designation	Existing Use(s) of Property	Approved Use(s) of Property
North				
South				
East				
West				

OWNER ACKNOWLEDGEMENT

I/We: _____, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning and Building Department of the City of Belle Glade and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Belle Glade in order to process this application.

I/We further consent to the City of Belle Glade to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s) _____

Print Name(s) _____

CONSENT STATEMENT
Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to _____ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s) _____

Print Name(s) _____

NOTARY

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ . He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

(Signature of Notary) My Commission Expires: _____

(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)

NOTICE AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Before me this day personally appeared _____ who being duly sworn, deposes and says:

1. The accompanying Property Owners List is, to the best of his/her knowledge, a complete and accurate list of all property owners, mailing addresses and property control numbers as recorded in the latest official tax rolls of the Palm Beach County Property Appraiser for all property within five hundred(500) feet of the below described parcel of land.
2. The accompanying Property Owners List included, to the best of his/her knowledge, all affected municipalities and/or counties, in accordance with the City of Belle Glade notice requirements and/or policies.
3. A tax map highlighting the properties located within five hundred feet of the parcel of land that is the subject of the request is attached as part of this application. The accompanying Property Owner's List contains the required information for all properties highlighted on the tax map.
4. Public notice, which is his/her obligation to provide, will be in accordance with the City of Belle Glade requirements.

The property in question is: ☐ legally described as follows ☐ see attached legal description

Signature

Print, type or stamp name here

NOTARY

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ By _____, who is personally known to me or has produced _____ as identification and who did/did not take an oath.

(Signature of Notary)

My Commission Expires: _____

(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)