



Department of Economic and Development Services

Planning & Zoning Division

P.O. Box 1366, Green Cove Springs, FL 32043

Phone: (904) 284-6300

www.claycountygov.com



Pre-Application Meeting Date: ✓	CAC Meeting Date (if applicable):
Date Rec: 11/8/22	Received By: KH/so
	IMS #: PUD/PCD-2022-12

**REZONING APPLICATION**

Owner's Name: John Fagan	If the property is under more than one ownership please use multiple sheets.
Owner's Address: 1603 Park Avenue	
City: Orange Park	State: FL
Phone: 904.215.5555	Email: john@johnfagan.com
Zip Code: 32073	

**Parcel & Rezoning Information**

Parcel Identification Number: 32-05-26-021092-000-00		
Address: 3385 County Road 315		
City: Green Cove Springs	State: FL	Zip Code: 32043
Number of Acres being Rezoned: 6.266	Current Zoning: Agricultural/Residential (AR)	Current Land Use: Rural Fringe (RF)
Proposed Zoning: Planned Commercial Development (PCD)	I am seeking a: Permitted Use <input checked="" type="checkbox"/> Conditional Use <input checked="" type="checkbox"/>	
Property Will be Used as:	Commercial uses as specified in the PCD Written Statement	

**Required Attachments**

- Deed  Survey  Site Plan & Written Statement if Rezoning to PUD PCD PID BSC and PS-5
- Agents Authorization Attachment A-1  Owner's Affidavit Attachment A-2  Legal Description Attachment A-3
- Supplemental Development Questions if Rezoning to PUD PCD PID Attachment A-4

**Notices**

The required SIGN(S) must be POSTED on the property BY THE APPLICANT 21 days in advance of the date of the first required public hearing. The sign(s) may be removed only after final action of the Board of County Commissioners and must be removed within ten (10) days of such action. The applicant must also pay for the required public notice stating the nature of the proposed request which is required to be published in an approved newspaper AT LEAST 7 DAYS IN ADVANCE OF THE PUBLIC HEARING. Advertising costs are paid by the applicant directly to the newspaper and the applicant must furnish PROOF OF PUBLICATION to the Planning and Zoning Division, prior to the public hearing.

Hearings are held in the County Commission Chambers on the Fourth Floor of the Clay County Administration Building, 477 Houston Street, Green Cove Springs, Florida. You or your authorized agent **must be present**. If there are members of the public who wish to testify regarding your petition, they are normally allowed three (3) minutes.

If you decide to appeal any decision made by the Board of County Commissioners with respect to any matter considered at your rezoning hearing, you will need a record of the proceedings at your expense, and for such purpose you should ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

The Florida Times Union will be publishing your rezoning legal notices. You must pre-pay your legal advertisement fees. An affidavit must be paid before receiving proof of publication. Should a petition be withdrawn, legal advertising already published will not be refunded.

### Application Certification

I, hereby certify that I am the Owner or the authorized agent of the Owner(s) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made a part of this application, are accurate and true to the best of my knowledge and belief. I also attest by my signature that all required information for this rezoning application is completed and duly attached in the prescribed order. Furthermore, if the package is found to be lacking the above requirements, I understand that the application will be returned for correct information. I hereby acknowledge that the zoning requested is my choice and have reviewed and agreed to all conditions listed in this application and the requirements in Article(s) I, III, and XII of the Clay County Code.

Owner's Signature:

Date: 11/1/22

Printed Name: John Fagan

The rest of this space is intentionally left blank

Clay County Rezoning Agent Authorization Affidavit – Attachment A-1

Date: November 8, 2022

**Clay County Board of County Commissioners**

Division of Planning & Zoning  
Attn: Zoning Chief  
P.O. Box 1366  
Green Cove Springs, FL 32043

**To Whom it May Concern:**

Be advised that I am the lawful Owner of the property described in the provided legal description attached hereto. As the Owner, I hereby authorize and empower

Mark Scruby and the law firm of Rogers Towers, P.A. whose address is:

1301 Riverplace Blvd., Suite 1500, Jacksonville, FL 32207

Phone: 904.708.8292

Email: mscruby@rtlaw.com

to act as agent for rezoning the property located at (address or Parcel ID):

32-05-26-021092-000-00

and in connection with such authorization to file such applications, papers, documents, requests, and other matters necessary for such requested change.

**Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.**

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

John Fagan

Printed Name of Owner:

Sworn to and subscribed before me this 1<sup>st</sup> day of Nov A.D. 2022

Personally known  or produced identification.

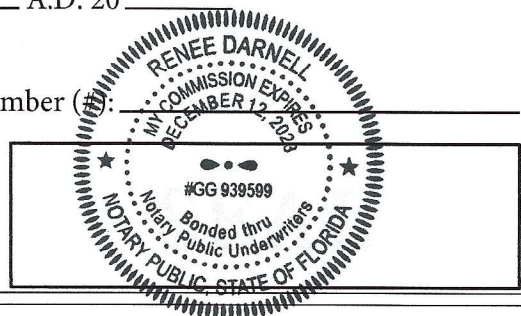
Type of identification produced \_\_\_\_\_ and number (\_\_\_\_):

Signature of Notary

Date:

Renee Darnell

11/1/2022



Clay County Rezoning Property Ownership Affidavit – Attachment A-2

Date: November 8, 2022

**Clay County Board of County Commissioners**

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366

Green Cove Springs, FL 32043

**To Whom it May Concern:**

Be advised that I am the lawful Owner of the property described in the provided legal description attached hereto. I give full consent to process the application for rezoning.

**Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.**

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

John Fagan

11/1/20

Printed Name of Owner:

Sworn to and subscribed before me this 1st day of Nov A.D. 2022

Personally known  or produced identification.

Type of identification produced \_\_\_\_\_ and number (#) \_\_\_\_\_

Signature of Notary

Date:

Renee Darnell

