

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 date stated by my/our respective name(s).

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

FILED IN THE OFFICE OF THE CITY CLERK OF THE CITY OF SANFORD, FLORIDA,  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AT \_\_\_\_\_ M.

\_\_\_\_\_  
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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA

COUNTY OF SEMINOLE

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_  who is personally known to me or  who produced \_\_\_\_\_ as identification and acknowledged before me that s/he executed the same. Sworn and subscribed before me by \_\_\_\_\_ by means of { } physical presence or { } online notarization and who is personally know by me on the \_\_ day of \_\_\_\_\_, 20\_\_\_\_, the said person did take an oath and was first duly sworn by me, on oath, said person, further, deposing and saying that s/he has read the foregoing and that the statements and allegations contained herein are true and correct.

**WITNESS** my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_.

\_\_\_\_\_  
Notary Public; State of Florida  
(Affix Notarial Seal)

Printed Name: \_\_\_\_\_

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 Applicant

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

**EXHIBIT A**

INTERGOVERNMENTAL PLANNING COORDINATION AGREEMENT OF 1997

NOTICE OF RECEIPT OF APPLICATIONS FOR  
PROPOSED PLANNING ACTION

NOTICE PROVIDED TO:

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

FROM:

- 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:** \_\_\_\_\_



CITY OF **SANFORD**  
PLANNING & DEVELOPMENT  
SERVICES DEPARTMENT

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 SEMINOLE )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_ { } who is personally known to me or { } who produced \_\_\_\_\_ as identification and acknowledged before me that s/he executed the same. Sworn and subscribed before me, by \_\_\_\_\_ by means of { } physical presence or { } online notarization on the \_\_\_ day of \_\_\_\_\_, 2020, the said person did take an oath and was first duly sworn by me, on oath, said person, further, deposing and saying that s/he has read the foregoing and that the statements and allegations contained herein are true and correct.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Notary Public; State of Florida  
(Affix Notarial Seal)  
Printed Name: \_\_\_\_\_