CITY OF WESTON
TEXT AMENDMENT REQUIREMENTS

Fee:

$19,500 application fee made **payable to the City of Weston.**
$1,225 Fire Marshal review fee made **payable to the City of Weston.**

Link to Apply:
https://www.westonfl.org/government/planning-and-zoning/application-process

Submittal:

- Refer to *§124.62 - Procedures for a Text Change or Zoning District Change* in the City of Weston Code of Ordinances at https://codelibrary.amlegal.com/codes/weston/latest/weston_fl/0-0-0-5699.

Submission Materials:

1. **Application**
   a. Text Amendment Application
   b. Applicant Representative Affidavit
   c. Cost Recovery Affidavit
2. **Project Narrative** detailing the proposed scope of work
3. **Notice to Surrounding Properties** - 125.06 Requirements for Advertisement and Notice
4. **Legal Advertisement** - 125.06 Requirements for Advertisement and Notice

NOTICES OF PUBLIC HEARING

All notices of public hearing for amendments to the Code of Ordinances shall be in accordance with Chapter 166.041 Florida Statutes and Section 125.06 of the Code of Ordinances.

§ 124.62 Procedures for a text change or zoning district change

124.62(D) Review criteria. In order to approve a text amendment or change of zoning district the City Commission must find that the petition complies with each of the following criteria. The Applicant is required to provide a report at the time the petition is filed which includes documentation that the petition complies with each of the below criteria:

124.62(D)(1) The amendment is consistent with the Comprehensive Plan;
124.62(D)(2) The proposed change will result in development that is consistent in scale and character with those within 300 feet of the site;
124.62(D)(3) The resulting boundaries of the zoning district are logically drawn;
124.62(D)(4) The proposed change will not reduce property values in the City;
124.62(D)(5) The proposed change will enhance the quality of life in the City; and
124.62(D)(6) There are substantial and compelling reasons why the proposed change is in the best interests of the City.

Further information may be requested: You will be notified of any additional requirements by email via the email address that you provide.

Staff will advise whether advertising is required (as per Code Section - 125.06 Requirements for Advertising and Notice).

City of Weston
c/o Calvin, Giordano & Associates, Inc.
1800 Eller Drive, Suite 600
Fort Lauderdale, Florida
33316
Phone: (954) 921-7781 Fax: (954) 921-8807

TEXT AMENDMENT APPLICATION

All zoning text amendment petitions must provide owner/agent certification signed and notarized with the appropriate supplemental documentation attached. Please print legibly.

PROJECT INFORMATION

PROJECT NAME_____

OWNERS NAME_____

PHONE/EMAIL_____

AGENTS NAME_____

ADDRESS_____

PHONE/EMAIL_____

ZONING CODE SECTION TO BE CHANGED_____

_____

PROPOSED TEXT CHANGE LANGUAGE_____

_____

_____

_____

_____

Section 124.62 (D) Review Criteria:

In order to approve text amendment or change zoning district the City Commission must find that the petition complies with all the following criteria. The applicant is required to provide a report at the time the petition is filed which includes documentation that the petition complies with each of the following criteria:

1. The amendment is consistent with the Comprehensive Plan.

2. The proposed change will result in development that is consistent in scale and character with those boundaries within 300 ft. of the site.

3. The resulting boundaries of a zoning district are logically drawn.

4. The proposed change will not reduce property values in the City.

5. The proposed change will enhance the quality of life in the city.

6. There are substantial and compelling reasons why the proposed change is in the best interests of the city.

Issuance of a development permit by a municipality does not in any way create any right on the part of an applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the municipality for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.

OWNER CERTIFICATION

This is to certify that I am the owner of the property described in this application and that all information supplied herein is true and correct to the best of my knowledge. By signing this application, I so hereby authorize the undersigned to serve as agent for this project. The agent is authorized by me to agree to all binding conditions throughout the review of the site plan. I do hereby agree to be bound by all conditions, or amendments required by the final development plan and approving resolution.

Signature of Owner:_____

STATE OF FLORIDA)
COUNTY OF BROWARD)

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this day of _____, 20___, by _____
_____. (Name of person making statement)
Personally known to me _____ or has produced Identification _____, type of identification produced_____.

_____
SIGNATURE OF NOTARY PUBLIC
(NOTARY SEAL HERE)

_____
PRINT, TYPE/STAMP NAME OF NOTARY

Signature of Agent:_____

STATE OF FLORIDA)
COUNTY OF BROWARD)

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this day of _____, 20___, by _____ _____. (Name of person making statement)
Personally known to me _____ or has produced Identification _____, type of identification produced_____.

_____
SIGNATURE OF NOTARY PUBLIC
(NOTARY SEAL HERE)

_____
PRINT, TYPE/STAMP NAME OF NOTARY

APPLICANT REPRESENTATIVE AFFIDAVIT

(MUST BE COMPLETED BY PROPERTYOWNER AND EACH APPLICANT REPRESENTATIVE)

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared the affiant who, upon first being duly sworn, deposes and says:

(FOR INDIVIDUAL APPLICANTS)

1(a). I am the owner of the property described below, and have submitted the following application to the City of Weston:

Name of Applicant _____

Application for: ☐ Land Use Plan Amendment ☐ Rezoning ☐ Special Exception

☐ Zoning Variance ☐ Site Plan Approval ☐ Site Plan Amendment ☐ Plat Approval

☐ Plat Amendment ☐ Text Amendment

Property Location _____

(FOR ENTITY APPLICANTS)

1(b). I am the _____ *(position)* of _____ *(name of entity "Applicant")* that owns the property described below and has submitted an application to the City of Weston, and I have the authority to file this affidavit and to bind the Applicant.

Name of Applicant _____

Application for: ☐ Land Use Plan Amendment ☐ Rezoning ☐ Special Exception ☐ Zoning Variance

☐ Site Plan Approval ☐ Site Plan Amendment ☐ Plat Approval ☐ Plat Amendment

☐ Text Amendment

Property Location _____

2.The Applicant acknowledges that Section 125.04(C)(1) of the Land Development Code of the City of Weston requires that any applicant for a development permit must disclose "all persons representing the individual or entity applying for the development permit in connection with the application, including, but not limited to, all attorneys, architects, landscape architects, engineers and lobbyists."

3. The Applicant acknowledges that Section 125.04(C)(2) of the Land Development Code of the City of Weston requires that the Applicant, the property owner, and any person representing the Applicant must disclose "whether it has any Business Relationships with any member of the City Commission or any City Advisory Board, and, if so, disclose the identity of the member with which it has a Business Relationship and the nature of the Business Relationship." *Business Relationship is defined as:*

Business Relationship: a member of the City Commission or a City Advisory Board has a business relationship with a person or an entity if any of the following exist:

a) the member of the City Commission or City Advisory Board has any ownership interest, directly or indirectly, in excess of 1% in the entity; or

b) the member of the City Commission or City Advisory Board is a partner, co-shareholder or joint ventures with the person in any business venture.

c) the entity or person is a client of the member of the City Commission or City Advisory Board, or a client of another professional working from the same office and for the same employer as the member of the City Commission or City Advisory Board.

d) the member of the City Commission or City Advisory Board is a client of the entity or the person.

e) the entity or person is a customer of the member of the City Commission or City Advisory Board (or his/her employer) and transacts more than 5% of the business in a given calendar year of the member of the City Commission or City Advisory Board (or his/her employer) or more than $25,000 of business in a given calendar year; or

f) the member of the City Commission or City Advisory Board is a customer of the entity or the person and transacts more than 5% of the business in a given calendar year of the entity or person or more than $25,000 of business in a given calendar year.

The following is a complete list of the Applicant, the property owner and all persons that will represent the Applicant in connection with the application including, but not limited to, all attorneys, architects, landscape architects, engineers, lobbyists, tenants and/or contract purchasers:

	Name (print)	*Business Relationship*		*Signature*
		*Yes**	*No*	
a)	_____	☐	☐	_____
b)	_____	☐	☐	_____
c)	_____	☐	☐	_____
d)	_____	☐	☐	_____
e)	_____	☐	☐	_____
f)	_____	☐	☐	_____
g)	_____	☐	☐	_____

* *If yes, then identified person shall fill out a Business Relationship Affidavit*

4. The Applicant agrees that he/she/it will be bound by any statements, representations and promises made in connection with the Application by any of the individuals identified above.

5. The Applicant acknowledges that Section 125.04(C)(3) of the Land Development Code requires this information to be updated "If, at any time prior to City Commission consideration of an application for a development permit, the information contained in any Applicant Representative Affidavit or Business Relationship Affidavit becomes incorrect or incomplete, the person or entity submitting the affidavit must supplement the affidavit and, if the supplementation requires the submission of additional Applicant Representative Affidavits or Business Relationship Affidavits, ensure that such affidavits are also filed." The Applicant further understands that "If any supplementary affidavits are submitted less than fourteen days before the application is scheduled for consideration by the City Commission or any City Advisory Board, the application may be withdrawn by the City Manager, or his designee, and placed on a subsequent agenda."

Further the affiant sayeth naught.

(Signature of Applicant) _____

(Print Name) _____

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this _____ day of _____, 20___, by _____. (Name of person making statement)
Personally known to me _____ or has produced Identification _____, type of identification produced_____.

_____
SIGNATURE OF NOTARY PUBLIC

(NOTARY SEAL HERE)

_____
PRINT, TYPE/STAMP NAME OF NOTARY

COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of all applicable costs involved as part of my application process. Section 43.03 of the City Code of Ordinances (attached) requires that the City's costs of administrative and outside fee consultant review and processing of requests, as required or necessitated now or in the future by the City's ordinances, resolutions, policies, or procedures, shall be borne by the person initiating the review request. These costs include, but are not limited to, the various costs relating to the City's administrative and outside fee consultant processing and review of applications, submissions, or requests concerning development, utilization, or improvement of real estate in the city.

Please type or print the following:

Date: _____

Relationship to the project: (property owner, architect, developer, attorney)

_____

Full Name: Mr. /Mrs. /Ms. _____

Current Address: _____ City: _____

State: _____ Zip: _____ Telephone Number: _____

Email: _____

I am fully authorized to commit to the expenditures contemplated by this Cost Recovery Affidavit.

Signature _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 20___, by

_____ as _____
(Name of person acknowledging) *(Title)*

for _____.
(Company name)

Personally known to me _____ or has produced Identification _____, type of identification produced_____.

(NOTARY SEAL HERE)

_____
SIGNATURE OF NOTARY PUBLIC

_____
PRINT, TYPE/STAMP NAME OF NOTARY