



**CITY OF WESTON**  
**TEXT AMENDMENT REQUIREMENTS**

\$19,500 application fee made payable to the City of Weston.

\$784 Fire Marshall review fee made payable to the City of Weston.

**Site Development Plan.** The Applicant shall submit a Site Development Plan to be included with the rezoning request. The site Development Plan shall be adopted as part of the rezoning approval and shall specify:

- Setbacks or yards
- Plot coverage
- Height
- Landscaping
- Common Areas
- Drainage
- Internal Circulation
- and Signage

**Applicants must provide notice and advertising**

**NOTICES OF PUBLIC HEARING**

All notices of public hearing for rezoning, amendments to the Zoning Code, and developments of regional impact shall be in accordance with Chapter 166.041, Florida Statutes.

Rezoning requests and developments of regional impact. City Commission shall hold a quasi-judicial public hearing (or, if required by state law, two public hearings) on any rezoning or development of regional impact. Such hearings shall conform to the Quasi-Judicial Proceedings of the City of Weston.

- 1) **Basis for consideration of request for rezoning.** The City Commission shall consider the following:
  - a. Whether there exists an error or ambiguity which must be corrected;
  - b. Whether there exist changed or changing conditions which make approval of the request appropriate;
  - c. The testimony of any applicants, their agents or representatives;
  - d. The recommendation of staff;
  - e. The sworn and unsworn testimony of the public;
  - f. Whether the request is consistent with the goals, objectives, policies, and intent of the City of Weston Comprehensive Plan;
  - g. Whether the request is consistent with the densities, intensities, and general uses set forth in the City of Weston Comprehensive Plan and the Land Use Element Map;

- h. Whether the request will protect, conserve, or preserve environmentally critical areas and natural resources;
- i. Whether the request will place an undue burden on existing infrastructure and whether capacity exists for any projected increase that may be generated; and
- j. Whether the permitted uses in a requested rezoning are compatible with existing and proposed uses in the general vicinity; except, however, nonconforming uses of neighboring lands, structures, or buildings shall not be considered as support for approval of any request.



**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 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 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 any and all binding conditions throughout the review of the site plan. I do hereby agree to be bound by any and 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 PROPERTY OWNER  
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 venturer 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) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
f) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
g) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* 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 \_\_\_\_\_.

(NOTARY SEAL HERE)

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
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