



1-B East Jefferson Street, Post Office Box 1799, Quincy, FL 32353-1799
Phone: (850) 875-8663 Fax: (850) 875-7280
E-mail: planning@gadsdencountyfl.gov Web site: www.gadsdencountyfl.gov

Vested Rights Determination Application

Per Subsection 2101 of the Gadsden County Land Development Code:

“Vested lot of record: Any parcel of land which has been legally recorded in the office of the Clerk of the Court prior to the adoption of the Comprehensive Plan on November 26, 1991.”

Name of project or subdivision: _____

Parcel Identification Number: _____

1. OWNER OF PROPERTY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

2. APPLICANT (If other than owner): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

3. If Owner cannot attend the meetings or public hearings please list the name of a Representative who will make the presentation, answer questions, or make decisions for the Owner or Applicant.

REPRESENTATIVE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____

E-MAIL ADDRESS: _____

4. Legal Description of the specific property covered by this application: (If lengthy, please attach extra sheets)

5. Size of area covered by application (acreage must agree w/legal and survey):

6. Location of Property: _____
7. Future Land Use Category: _____ Existing Use of Property: _____
 Size of area covered by application (acreage must agree survey and deed): _____
8. Vested Rights Request :

9. *Vested Rights Determination Request* (Provide basis for request and provide support documentation.*

10. The following items are required to complete this application and MUST be attached:
- a. _____ Two (2) originals and ten (10) copies hard copies plus digital copies in .pdf format of the following items are required to complete this application and MUST be attached:
 - b. _____ Hearing fee of \$750.00 (cash, check or money order) drawn to the order of Gadsden County Board of County Commissioners (BOCC).
 - c. _____ Plat or survey, to scale (certified by surveyor or engineer with maximum size of 11" X 17") of the subject property for which the vested rights determination is requested and digital copies in .pdf format. Drawing, to scale, showing the proposed vested rights boundary (maximum size of 11" x 17").
 - d. _____ All documents in support of vested rights request including but not limited to plats, surveys, pictures, inspections, deeds, title opinions, permits, construction costs, documents, etc.
 - e. _____ Proof of Ownership (Tax Assessor's Statement, a Copy of the Deed, etc.). Whichever is chosen to be used as proof of ownership, the complete legal description must be included

Notice: The applicant, upon satisfaction of all conditions of a vesting approval, shall record the vested plans and resolution in the Public Records of Gadsden County and provide a copy of the recorded documents to the Planning & Community Development Department prior to issuance of a final approval. The applicant shall be responsible for submitting checks to Gadsden County payable to the Clerk of the Court for recording documents. [redacted] (initial)

**GADSDEN COUNTY
AUTHORIZATION TO REPRESENT**

If the applicant is not the property owner an 'Authorization to Represent' is required.

This letter serves as notice that on this date: _____, 20_____

I/We, _____
(Print name of property owner(s) and/or entity & authorized representative)

Hereby give authorization to,

(Print name of authorized representative or entity. Print the name of all individuals representing the entity)

Address *City* *Zip Code*

Telephone number *E-mail Address*

To apply for an _____ application and all necessary permits as part of the Gadsden County, Florida review process from the Gadsden County Building & Planning & Department for the property described below:

(Parcel identification number) *(E911 address)*

(Signature of property owner or entity & representative) *(Print name of property owner and/or entity)*

STATE OF FLORIDA,
COUNTY OF GADSDEN

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 of Public – State of Florida) *(Name of notary – typed, printed or stamped)*

Notary Seal: