



## Zoning Manager Determination

Upon completion of the review process, the Zoning Manager shall forward to the applicant a determination in writing. The Zoning Manager may request additional information, approve the request or deny the request; determinations may take up to thirty (30) days to process.

Applications may be submitted to the Zoning Division at 201 S. Rosalind Ave., 1<sup>st</sup> Floor, Orlando, FL 32801 in person or via mail with payment. Applications can also be or via email to [Zoning@ocfl.net](mailto:Zoning@ocfl.net) and paid online via [Fast Track Online](#).

### **Submittal Requirements:**

The applicant must provide a justification and the supporting documentation necessary for the Zoning Manager to make a determination. The request should be made in writing, dated, and notarized prior to submittal to the Zoning Division. The request shall include the following information:

1. Name and address of applicant (printed or typed) and applicant's signature;
2. The property legal description;
3. The present zoning;
4. Statement requesting the Zoning Manager's Determination;
5. Detailed description of the request; and
6. Application Fee of \$638.00.

The applicant is encouraged to provide supporting evidence with the application; for example:

1. Site plan, drawn to scale, indicating property boundaries and all existing structures and uses located on-site with their locations and dimensions;
2. Floor plans, fully dimensioned;
3. Photographs;
4. Historical information about the property from the county property appraiser's office; or
5. Any other pertinent information relative to the request.

### **Appeal Procedures:**

All determinations may be appealed. All appeals must be made within fifteen (15) calendar days subsequent to the date of determination. If no appeal is filed with the Zoning Division on or prior to the fifteenth day, the determination is final. Appeals of a Zoning Manager determination are reviewed by the Board of Zoning Adjustment (BZA). Appeals of a Zoning Manager determination related to Chapter 24 - Landscaping, Buffering, and Open Space are reviewed by the Board of County Commissioners (BCC). The appeal fee is \$638.00 and is nonrefundable.



## AGENT AUTHORIZATION FORM

**FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA**

I/we, (print property owner(s) name), \_\_\_\_\_ as the owner(s) of the real property described as follows, \_\_\_\_\_, do hereby authorize to act as my/our agent (print agent's name), \_\_\_\_\_ to execute any petitions or other documents necessary to affect the application approval requested and more specifically described as follows, Zoning Manager's Determination, and to appear on my/our behalf before any administrative or legislative body in the County considering this application and to act in all respects as our agent in matters pertaining to the application.

\_\_\_\_\_  
 Date                                      Signature of Property Owner                                      Print Name

\_\_\_\_\_  
 Date                                      Signature of Property Owner                                      Print Name

\_\_\_\_\_  
 Date                                      Signature of Property Owner                                      Print Name

**Parcel Identification number(s) and address(es) are required below:**

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

State of \_\_\_\_\_  
 County of \_\_\_\_\_

I certify that the forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_.

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature

Notary Stamp:

\_\_\_\_\_  
 Notary Public Print Name

\_\_\_\_\_  
 My Commission Expires

**ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT**

This Lobbying Expenditure Form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

**PART I**

**Please complete all of the following:**

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls):

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Name and Address of Principal's Authorized Agent, if applicable:

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**List the name and address of all lobbyists, consultants, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)**

1. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_
  
2. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_
  
3. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_
  
4. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_
  
5. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_
  
6. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_
  
7. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_
  
8. Name and address of individual or business entity: \_\_\_\_\_  
Are they a registered Lobbyist Yes \_\_\_ or No \_\_\_

**NOTE:** If you have any questions about this page, please contact Sawsan Mohiuddin of the Orange County Legal Department at 407-836-7320.



**PART III**  
**Expenditures:**

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County Code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioners meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of  Owner,  Contract Purchaser or  Authorized Agent  
*(Check appropriate box)*

\_\_\_\_\_  
Print Name and Title

I certify that the forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_.

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Notary Stamp:

\_\_\_\_\_  
Notary Public Print Name

\_\_\_\_\_  
My Commission Expires

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**RELATIONSHIP DISCLOSURE FORM**  
**FOR USE WITH DEVELOPMENT RELATED ITEMS, EXCEPT THOSE WHERE**  
**THE COUNTY IS THE PRINCIPAL OR PRIMARY APPLICANT**

This Relationship Disclosure Form must be submitted to the Orange County department or division processing your application at the time of filing. In the event any information provided on this form should change, the Owner, Contract Purchaser, or Authorized Agent(s) must file an amended form on or before the date the item is considered by the appropriate board or body.

**PART I**

**INFORMATION ON OWNER OF RECORD PER ORANGE COUNTY TAX ROLLS:**

Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**INFORMATION ON CONTRACT PURCHASER, IF APPLICABLE:**

Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**INFORMATION ON AUTHORIZED AGENT, IF APPLICABLE:**  
**(Agent Authorization Form also required to be attached)**

Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**PART III**

**Relationship Disclosure:**

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this Relationship Disclosure Form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner, Contract Purchaser or Authorized Agent  
*(Check appropriate box)*

\_\_\_\_\_  
Print Name and Title

I certify that the forgoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Notary Stamp:

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