



BREVARD COUNTY PLANNING AND DEVELOPMENT

APPLICATION FOR ZONING ACTION, COMPREHENSIVE PLAN AMENDMENT OR VARIANCE

All applications with fees must be submitted in person. Call 321-633-2070 for an appointment at least 24 hours in advance. DO NOT MAIL THE APPLICATION. An approval does not entitle the owner to a development permit.

Existing FLU Res 2 Existing Zoning RR-1
Proposed FLU Res 2 Proposed Zoning AV

APPLICATION NAME

- ☐ COMPREHENSIVE PLAN (CP)
 Large Scale Amendment Small Scale Amendment
 Text Amendment - Element
 Other

☒ REZONING (Without CUP) (RWOC)
 COMBINATION - ZONING AND CUP (CORC)

☐ CUP (Without zoning) (CUP)

☐ VARIANCE(S) (V)

☐ AA (AA)

AA Type: _____

☐ OTHER (O): _____

Tax Parcel: T 27 R 36 S 10 S/D 25^A Blk/Par X Lot 21

Acres of Request: 5

Reason for Request: change to agricultural zoning RR-1 to AV

COUNTY PLANNER USE ONLY

ACCELA# 21Z00005 Fee \$ 1149.00

Date filed 1/21/2021 Planner K14

District# 4 Tax Account ID# 2700924

(list all parcels)

Notification radius (feet) 500' Sign Issued -

Meeting(s) Date Time

NMI _____

PSJ Board _____

P&Z / LPA 4/5/21 3:00 p

BCC 5/6/21 5:00 p

BOA _____

JPA/MIRA/500' of Palm Bay Extension: Yes or No

If Yes, list which _____

Location: West side of Appaloosa Blvd

Detailed Description: Rezone from RR-1 to AV

PROPERTY OWNER:

Name: Michael J & Annette Costello Company: _____

Address: 2940 Appaloosa Blvd E-Mail: acostello@morsecom.com

City: Melbourne State FL Zip 32934

Phone: (321) 298-2256 Fax: (321) 255-0198 Cell: (321) 693-4586

Annette cell Mike Cell

APPLICANT IF OTHER THAN OWNER (check): Attorney _____ Agent _____ Contract Purchaser _____

Name: _____ Company: _____

Address: _____ E-Mail: _____

City: _____ State _____ Zip _____

Phone: () Fax: () Cell: ()

The undersigned understands that this application must be complete and accurate prior to advertising a public hearing:

State of Florida County of Brevard I Annette Costello being first duly sworn, depose and say that I hereby certify that the information in this application and all sketches and data attached to and made a part hereof are true and accurate to the best of my knowledge, and:

☒ I am the owner of the subject property, or if corporation, I am the officer of the corporation authorized to act on this request.
☐ I am the legal representative of the owner of the subject property of this application. (Notarized statement attached)

Annette Costello 10/16/2018
 Signature of Property Owner/Authorized Representative Date

The foregoing instrument was acknowledged before me this 16th day of Oct, 2018, by Annette Costello and Michael Costello, who is Personally Known by me ☒ OR Produced Identification _____ Type of Identification Produced _____

Kathy Hambleton
 Notary Public Signature



(NOTARY SEAL)

KATHY HAMBLETON
 Commission # GG 251132
 Expires October 12, 2022
 Bonded Thru Budget Notary Services

①