

**APPLICATION FOR A FAMILY HARDSHIP DEVELOPMENT
Nassau County, Florida**

Filing Date: _____
Fee: _____

Petition Number: _____
Validation Number: _____

TO THE NASSAU COUNTY PLANNING AND ZONING BOARD:

This application is hereby made to the Nassau County Planning and Zoning Board petitioning for a Family Hardship Development on the following described property. [Source: Section 3.1.6 of Ordinance No. 99-18, as amended, known as the "Nassau County Development Review Regulations Ordinance"]

I. OWNER/AGENT INFORMATION			
Applicant's Name _____		Owner's Name _____	
Address _____		Address _____	
City _____	Zip _____	City _____	Zip _____
Phone Number(s) (____) _____			
Name of Person(s) Receiving Transfer of Land and Relationship to Applicant			
Family Member 1 _____			
Family Member 2 _____			
(If additional family members are receiving a transfer of land, please list in the space below.)			

I. PARCEL INFORMATION
Parcel Identification Number: _____
Total Acreage of Parent Tract: _____
Zoning of Parent Tract: _____
Family Hardship Development Name: _____
Number of Proposed Lot(s) and Acreage per Lot: _____

Current Use (Actual) and Improvements on the Property: (i.e. Single family home, well, septic, pole barn, etc....)

Directions to the Property: (Please start from a State or County Road)

Basis for the Hardship (pursuant to Section 3.1.6 of Ordinance No. 99-18, as amended): _____

2. TO BE SUPPLIED AT THE TIME OF SUBMISSION: Attach the items in the order listed below. **The application will not be processed without these items.** Any information changes must be submitted, in writing, to the Department of Planning and Economic Opportunity and received one week prior to the Planning and Zoning Board meeting on which the item shall appear.

*** Upon completion of the above application, **please submit the original and 3 copies** to the County for processing.

Property Description:

- Property Deed:** The most recent one pertaining to the proposed property; obtained from the Clerk of Court’s office.
- Deed** Copy of the proposed Deed to the Family Member which conforms to Section 3.1.6(a)(iii), Ordinance No. 99-18, as amended
- Detailed Site Plan:** See Section 3 of this application for required information to be shown on the site plan.

Maps:

- Map:** Submit map indicating the proposed family development. The map shall be drawn to scale and indicate the access to be provided and any improvements, identify the roads and the recipient of each tract. See section 3 for more information for the requirements.

Covenants:

- **Covenants:** Submit covenants pursuant to Section 3.1.6(a)(vi), Ordinance No. 99-18, as amended.

Documentation:

- **Identification:** List, on a separate document, to be attached, each recipient of each tract, include relationship.
- **Affidavit:** An executed Family Member Affidavit must be included in the documentation for each family member receiving a transfer of land, attached hereto.
- **Narrative:** Provide a letter for this application which documents in writing why the requested Family Hardship Development is needed and what special conditions exist that justifies the Development.

3. Site Plan: Property owner/agent shall submit a site plan of the proposed Family Hardship Development to be reviewed by the Planning and Zoning Board. The site showing the relationship of the proposed use to the parcel on which it is located. Where a site plan approval is required the following shall be required:

1) Position all criteria on the site plan.

- A. Dimensions of the entire property and the size of the parcel for which a Family Hardship Development is requested, in square feet. Include the approximate division for the transfer of land for the Family Hardship Development.
 - B. Name of road fronting property.
 - C. Proposed sixty-foot access/utility easement to provide access to all proposed and existing parcels.
 - D. All existing structures, and the distance from such structures to:
 - 1) The property line.
 - 2) The setback lines required for that zoning district.
- 4.** The applicant states, under oath, that she/he has read and understands the instructions and submission requirements stated in this application.

I hereby state, under oath, that the information contained in this application and its supplements are true and correct, and that I am the legal owner or authorized agent of the above described property.

Applicant/Owner(s) Signature _____ Date _____

5. APPLICANT INSTRUCTIONS:

- a. An application for a Hardship Family Development must be accompanied by a fee of \$422. Please note, application fee may be subject to change. **The filing fee will not be collected and the application will not be processed for a Public Hearing until staff has reviewed the application and found it complete.**
- b. All required documentation and submission material is required to accompany the application at the time the request is submitted. Applications are screened for completeness. Depending on the proposed use, additional information may be required. Failure to provide all information and submission material required shall delay the public review of the application until such time as all materials are received.
- c. The Family Hardship Development applications must be submitted to the Department of Planning and Economic Opportunity (DPEO) for review. Within twenty-one (21) days, the applicant will be provided comments from staff, the applicant may then choose to resubmit to the DPEO, or request to be placed on the Planning and Zoning Board agenda for consideration. This request must be made in writing at least thirty (30) days prior to the Planning and Zoning Board meeting.

Planning and Zoning Section Approval Date: _____ Parcel/Strap# _____ Approved by: _____
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INDIVIDUAL FAMILY MEMBER AFFIDAVIT FOR A FAMILY HARDSHIP DEVELOPMENT

I, _____ certify that I am the proposed owner of the following property located in Nassau County, Florida:

Parcel ID Number _____ Acreage: _____
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I further certify that the proposed location is to become my primary residence and that I understand the allowance of this additional unit is within Section 3.1.6 of Ordinance No. 99-18, as amended, and is based on certain requirements and limitations: (1) occupancy limited to the primary residence of name above, (2) I must meet all land development regulations for permitting, (3) no building permit may be issued on the parcel except to myself, the family member receiving the transfer of land. **It is my responsibility to disclose the above stated limitations to any future owners of the property.**

This form is also to certify that I _____ am an immediate family member: (circle one) parent, step-parent, adopted parent, spouse, brother, sister, child, step-child, grandchild, of the certified property owner of aforementioned property located in Nassau County.

Signature of qualifying immediate family member Print Name

Signature of the Property Owner Print Name
(This form must be notarized)

The applicant states, under oath, that she/he has read and understands the instructions and submission requirements stated in the application attached as Exhibit A.

I hereby state, under oath, that the information contained in this application and its supplements are true and correct, and that I am the legal owner or authorized agent of the above described property.

Applicant/Owner(s) Signature _____ Date _____

State of Florida, County of Nassau signed and sworn before me on this ____ day of _____, 20__

By _____

Identification verified: _____

Notary Signature: _____

My commission expires: _____

Note: For purposes of this provision, "immediate family members" shall mean the Owner's (a) parents, step-parents, adopted parents; (b) spouse; (c) brothers or sisters; (d) children, step-children, adopted children, or grandchildren; and/or (e) the parents, step-parents, adopted parent, siblings, and children, step-children, adopted children, or grandchildren of the Owner's spouse. I further certify that the owners will occupy the above property or legal portion thereof as their primary residence as shown on the attached site plan.

HOLD HARMLESS INDEMNIFICATION AGREEMENT

The undersigned, in consideration of the payment of \$1.00 and other good and valuable consideration, the adequacy and receipt of which is hereby acknowledged, hereby executes in favor of Nassau County, Florida, its officers, employees, and agents, this Hold Harmless Indemnification Agreement.

WITNESSETH:

WHEREAS, the undersigned owns property that is within a Family Hardship Development approved on _____; and

WHEREAS, the undersigned is seeking and has applied for a Family Hardship Development and more particularly described on the attached Exhibit "A"; and

WHEREAS, Owner's property abuts a private sixty foot (60') easement; and

WHEREAS, pursuant to Section 3.1.6 of Ordinance No.99-18, as amended, each landowner within a Family Hardship Development must execute a Hold Harmless Indemnification Agreement with the County acknowledging certain conditions related thereto.

NOW, THEREFORE, the undersigned agrees as follows:

1. I/we, (print name) _____, own property described in Exhibit "A" and I understand the property is part of a Family Hardship Development as set forth in Section 3.1.6 of Ordinance No. 99-18, as amended.
2. I/we, understand that the access road is private and was not constructed by the County and is not a County maintained road and will not be a County maintained road. Access to my/our parcel is strictly a private legal matter between me and the party that conveyed the lot or parcel and Nassau County will not assert any opinion as to the legal validity, usability or access to said parcel.
3. I/we understand and agree that the access road to my parcel must be maintained by myself and the other property owners within the Family Hardship Development.
4. I/we hereby agree that I/we shall indemnify, defend and hold harmless Nassau County, Florida, its officers, employees and agents in both their official and individual capacity, from any and all liability, claims, legal causes of action, losses, damages, expense including attorney's fees and litigation costs, resulting from or arising out of the lack of access for emergency services, police protection or other public services to said parcel, including delivery vehicles, trash pick-up or similar vehicles.
5. I/we further understand and agree that Nassau County or any employee, agent, department head, official (elected or appointed) has not represented nor can guarantee that emergency service vehicles, delivery vehicles, postal vehicles, trash vehicles, school buses, etc. can access the sixty foot (60') access road to my property.

6. This Agreement constitutes a covenant running with the land and shall be binding on the Owner, its heirs, successors and assigns.

IN WITNESS THEREOF, the undersigned hereby sets his/her hand this ____ day of _____, 2020.

Witnesses:

Printed Name of Witness

Printed Name of Witness

Witnesses:

Printed Name of Witness

Printed Name of Witness

STATE OF FLORIDA
COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this _____ day of _____, 2020 by _____ and _____, who are personally known to me or who have produced _____ as identification and who did take an oath.

OWNER:

Printed name: _____

OWNER:

Printed Name: _____

Notary Public
State of Florida at Large
My Commission expires: _____