



Application For Small-Scale Amendment to the Future Land Use Map



Instructions: Please review the document "Comprehensive Plan Small-Scale Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County" prior to completing this application.

A pre-application conference with TLC PD staff must be completed prior to submittal of an application. Applications for small-scale future land use map amendments may be submitted at any time during the calendar year.

A. APPLICANT INFORMATION

Applicant Name: SONIA AYALA

Address: 2000 E DELLVIEW DR
TALLAHASSEE FL 32303

Telephone: (850) 545-5536

E-mail Address: soniayala05@gmail.com

Property located in: [X] City [] Unincorporated County

Tax I.D.(s) #: 212430 B0220

Parcel size (acres): 0.32

Current Future Land Use Map designation: [del] RP-1 [] RP

Requested Future Land Use Map designation: [del] OR-1 [] SUB

B. REQUIRED ATTACHMENTS

The items below are required components of a complete application. Information on preparing these items is included in the document "Comprehensive Plan Small-Scale Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County." Please include each item as a numbered attachment to your application. Initial each item on this application to indicate that it is complete and attached.

- Attachment 1: Completed pre-application conference form
Attachment 2: Completed "Affidavit of Ownership & Designation of Agent" form
Attachment 3: Copy of legal description or deed (acreage should be estimated at end)
Attachment 4: Completed Rezoning Application necessary to implement the proposed land use change, available at https://www.talgov.com/place/pln-luapps.aspx. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

- Attachment 5: Completed School Impact Analysis Form.
- Attachment 6: Potable Water and Sanitary Sewer capacity and availability letter.
- Attachment 7: Transit service analysis
- Attachment 8: Answers to the questions below regarding the proposed change on a separate page:

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.

https://www.tal.gov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf

C. OPTIONAL ATTACHMENTS

The Planning Department encourages applicants to address the two optional attachments below. Please initial the attachments included in your application.

- Attachment 9: Neighborhood Meeting Form
- Attachment 10: Sustainable Development Pattern Survey

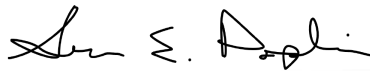
D. ADDITIONAL APPLICATION REQUIREMENTS

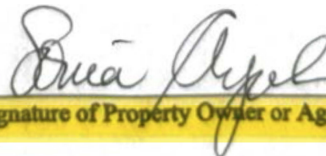
Initial each item on this application to indicate that it is complete.

- An electronic version of the completed application, attachments, and supporting documentation shall be submitted to the Planning Department via e-mail to planning@talgoe.com.
- Application fee paid to the City of Tallahassee or Leon County Board of County Commissioners. *Pay per invoice link sent via e-mail.
- Commitment to pay the rezoning application fee after the Local Planning Agency Public Hearing.

Applicants' signature below certifies that the applicant understands that the Future Land Use Map Amendments may require a rezoning; environmental analysis and other permit approvals before development activity can begin. Call the Land Use Administration Division of the Planning Department at 850-891-6400 for information on the rezoning process.

Received by the Tallahassee-Leon County Planning Department
 on the 4 day of March, 2025




 Signature of Property Owner or Agent



**Pre-Application Conference Form
For Small-Scale Amendment of
Future Land Use Map Designation**



Instructions: This form is to be completed during the required pre-application conference. A signed copy of the completed form must be included with your application.

Please contact the Planning Department to schedule a pre-application conference by calling (850) 891-6400 or e-mailing planning@talgov.com.

Applicant Name: Sonia Ayala Date: 01/29/2025

Telephone: (850) 545-5536 E-mail (optional) soniayala05@gmail.com

Property located in: X City Unincorporated County

Tax I.D. #: 212430 B0220 and 212430 A0300 Parcel size (acres): .60 (.32 acres and .28 acres)

Current Future Land Use Map designation: Residential Preservation

Requested Future Land Use Map designation: Suburban

Maximum development (per proposed designation): Residential units: 8 dwelling units/acre
Nonresidential square feet: 10,000 sf/acre

Is the amendment located within a "Neighborhood First" planning area? No.

Conference Review Items

- | | |
|--|--|
| <input checked="" type="checkbox"/> Provide application packet | <input checked="" type="checkbox"/> Application sufficiency determination (Insufficient information may cause application to be continued to the next cycle) |
| <input checked="" type="checkbox"/> Review required attachments | <input checked="" type="checkbox"/> Applicant's responsibility to pay for rezoning after the Local Planning Agency Public Hearing |
| <input checked="" type="checkbox"/> Review optional attachments | |
| <input checked="" type="checkbox"/> Review additional application requirements | |
| <input checked="" type="checkbox"/> Review completeness requirement | |

Notes:

The application should include 2000 Dellview and adjacent 2003 Dellview to provide link to existing OR co

John E. Poye
Planner

Sonia Ayala
Applicant



TALLAHASSEE-LEON COUNTY PLANNING DEPARTMENT
Applicant's Affidavit of Ownership & Designation of Agent



I. OWNERSHIP

I, SONIA AYALA, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: 2000 E DELLVIEW DR.
TALLAHASSEE FL 32303

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: SONIA AYALA

Please complete the appropriate section below:

Individual

Corporation
Provide Names of Officers:

Partnership
Provide Names of General Partners:

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. DESIGNATION OF APPLICANT'S AGENT (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Person: _____ Telephone No. and E-Mail: _____

III. NOTICE TO OWNER

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

IV. ACKNOWLEDGEMENT

Individual

Corporation

Partnership

Sonia Ayala
Signature
Print Name: SONIA AYALA
Address: 1080 Live Oak Plantation Rd Tallahassee, FL 32312
Phone No.: (850) 545 5536
E-mail: _____

Print Corporation Name _____
By: _____
Signature
Print Name: _____
Its: _____
Address: _____
Phone No.: _____
E-mail: _____

Print Partnership Name _____
By: _____
Signature
Print Name: _____
Its: _____
Address: _____
Phone No.: _____
E-mail: _____

Please use appropriate notary block.

STATE OF Florida
COUNTY OF Leon

Individual

Corporation

Partnership

Before me, this 3 day of February, 2025, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a _____ partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.



exp: 3/17/2028

Personally known ; or
Produced identification _____.
Type of identification produced: _____

[Handwritten Signature]

Signature of Notary

Print Name: _____
Notary Public

(NOTARY STAMP)

My commission expires:

20240066739
THIS DOCUMENT HAS BEEN RECORDED
IN THE PUBLIC RECORDS OF
LEON COUNTY FL
BK: 8014 PG:1221, Page 1 of 2
12/16/2024 at 08:20 AM,
DOCUMENTARY TAX PD \$1676.00
GWEN MARSHALL, CLERK OF COURTS

This instrument Prepared by and return to:

Name: W.Crit Smith, Esq.
Susan S. Thompson, Esq.
Frank S. Shaw, III, Esq.

Address: 3520 Thomasville Road, 4th Floor
Tallahassee, FL 32309
2024-3535CA

Parcel I.D. No.: 212430 B0220

_____ SPACE ABOVE THIS LINE FOR PROCESSING DATA _____ SPACE ABOVE THIS LINE FOR RECORDING DATA _____

THIS WARRANTY DEED Made the 10th day of December, 2024, by **MARISUE DALEY**, a single woman, hereinafter called the grantor(s), to **SONIA AYALA**, a married woman, whose post office address is **1080 LIVE OAK PLANTATION RD, Tallahassee, FL 32312** hereinafter called the grantee(s):

(Wherever used herein the terms "grantors" and "grantees" include all the parties to this instrument, singular and plural, and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.)

Witnesseth: That the grantors, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, do hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **LEON County, State of Florida**, viz:

Lot 22, Block "B", **DELLWOOD**, as per Map or Plat thereof recorded in Plat Book 3, Page 26, of the Public Records of Leon County, Florida.

Subject to taxes for the year 2024 and subsequent years, restrictions, reservations, covenants and easements of record, if any.

Together, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantors hereby covenant with said grantees that they are lawfully seized of said land in fee simple; that they have good right and lawful authority to sell and convey said land, and hereby fully warrant the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2023.

In Witness Whereof, the said grantors have signed and sealed these presents, the day and year first above written.

Signed, sealed and delivered in presence of:



First Witness Signature

W. Crit Smith

Printed Name of First Witness

3520 Thomasville Road, 4th Floor

Address of First Witness

Tallahassee, FL 32309

Address of First Witness



Second Witness Signature



MARISUE DALEY

Address: 1700-11 N. MONROE STREET #282
Tallahassee, FL 32303



City of Tallahassee APPLICATION FOR REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions the City of Tallahassee for the following amendment to the Official Zoning Map:

Change in Zoning District Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

From: RP-1

To: OR-1

Location: The property is designated by the following Leon County Property Tax identification number(s): 212430 B0220

Project Name: Rezoning application **Total Acreage:** 0.32

Legal Description: Attach a legal description of the property requested to be rezoned.

Disclaimer: Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code, Environmental Management Ordinance, and the Concurrency Management System Policy and Procedures Manual.*

An electronic version of this application and all supporting documentation shall be submitted via email in PDF format to beth.perrine@talgov.com. Once the application has been reviewed and deemed complete, staff will email the applicant/agent instructions on how to submit the application fee. Once the application fee is paid, staff will then email the sign posting information to the applicant/agent. The application is considered complete once the application fee and sign posting has been processed. The direct notice and advertising fee will be billed separately once these items are completed.

Submitted By:

Owner's Name(s):

Name: SONIA AYALA Phone: (850) 545-5536
Email: Soniayala.05@gmail.com Fax: _____
Street: 1080 Live Oak Plantation rd
City: Tallahassee ST: FL Zip+4: 32312

Agent's Name(s):

Name: _____ Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Optionee's Name(s):

Name: _____ Phone: _____
Email: _____ Fax: _____
Street: _____
City: _____ ST: _____ Zip+4: _____

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application.

Letter of Understanding

I SONIA AYALA (print name) as the property owner or authorized property owner representative have read and understand the City of Tallahassee Application for Rezoning Review Information Packet and acknowledge submittal of a rezoning application from RP-1 (district) to OR-1 (district).

 Signature 2/6/2025 Date
Property Owner/Authorized Representative

 Witness 2/6/2025 Date

 Witness 2/6/2025 Date



TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT



APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT

I. Ownership.

I, SONIA AYALA, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 212430 B0220

Location address: 2000 E Dellview Dr

Tallahassee FL 32303

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: SONIA AYALA

Please complete the appropriate section below:

Individual

Form with a checkmark in the first box.

Corporation

Provide Names of Officers: Form with three lines.

Partnership

Provide Names of General Partners: Form with three lines.

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.
B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

IV. Acknowledgement.

Individual

Sonia Ayala
Signature
Print Name: SONIA AYALA
Address: 1080 Line Oak Plantation rd Tall 32312
Phone No.: (850) 545 5536

Corporation

Print Corporation Name
By: _____
Signature
Print Name: _____
Its: _____
Address: _____
Phone No.: _____

Partnership

Print Partnership Name
By: _____
Signature
Print Name: _____
Its: _____
Address: _____
Phone No. : _____

Please use appropriate notary block.

STATE OF Florida
COUNTY OF Leon

Individual

Before me, this 6th day of February, 2025, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____ partner/agent on behalf of _____, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.



EXP. 3/17/2028

[Signature]

Signature of Notary

Print Name: _____
Notary Public

(NOTARY STAMP)

My commission expires:

Personally known ; or
Produced identification _____.
Type of identification produced:

SCHOOL IMPACT ANALYSIS FORM

Agent Name: Applicant Name: <i>SONIA AYALA</i> Address: <i>2000 E DELLVIEW DR TALLAHASSEE FL 32303</i>	Date: Telephone: <i>(850) 545 5536</i> Fax: Email: <i>soniayala05@gmail.com</i>									
① Location of the proposed Comprehensive Plan Amendment or Rezoning: <i>Tax ID #: 212430 60220</i> <i>Property address: 2000 E Dellview Dr Tallahassee FL 32303</i> <i>Related Application(s): Rezoning</i>										
② Type of requested change: <input type="checkbox"/> Comprehensive plan land use amendment that permits residential development. <input type="checkbox"/> Rezoning that permits residential development. <input type="checkbox"/> Nonresidential land use amendment adjacent to existing residential development. <input type="checkbox"/> Nonresidential rezoning adjacent to existing residential development. <input type="checkbox"/> None of the above										
③ Proposed change in Future Land Use and Zoning classification: <input checked="" type="checkbox"/> <i>Comprehensive plan land use</i> From: <u><i>RP</i></u> To: <u><i>SUB</i></u> <input checked="" type="checkbox"/> <i>Zoning</i> From: <u><i>RP-1</i></u> To: <u><i>DR-1</i></u>										
Planning Department staff use only:										
④ Maximum potential number of dwelling units allowed by the request: <i>Number of acres:</i> _____ <i>Number of dwelling units allowed per acre:</i> _____ <i>Maximum number of dwelling units allowed:</i> _____ <i>Type(s) of dwelling units:</i> _____										
Leon County Schools staff use only:										
⑤ School concurrency service areas (attendance zones) in which property is located. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Elementary:</td> <td style="width: 33%;">Middle:</td> <td style="width: 33%;">High:</td> </tr> <tr> <td>Present capacity _____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> <tr> <td>Post Development capacity _____ %</td> <td>_____ %</td> <td>_____ %</td> </tr> </table>		Elementary:	Middle:	High:	Present capacity _____ %	_____ %	_____ %	Post Development capacity _____ %	_____ %	_____ %
Elementary:	Middle:	High:								
Present capacity _____ %	_____ %	_____ %								
Post Development capacity _____ %	_____ %	_____ %								

This form is required by §8.3 of the Public School Concurrency and Facility Planning Interlocal Agreement as adopted on September 1, 2006 by the City of Tallahassee, Leon County, and Leon County School Board. Pursuant to §6.4 of the Agreement, the City or County will transmit the School Impact Analysis Form to a designated employee of the School Board for review at the same time the application is submitted to all departments for review.





Sonia Ayala <soniayala05@gmail.com>

2000 E. Dellview Dr.

1 message

Williams, Demetri <Demetri.Williams@talgov.com>

Wed, Feb 12, 2025 at 4:56 PM

To: "soniayala05@gmail.com" <soniayala05@gmail.com>

Cc: "Logan, Joshua" <Joshua.Logan@talgov.com>

Ms. Ayala

Per our conversation today, because [2000 E. Dellview Dr.](#) is currently served by City Water, and Sewer, and there is no proposed renovations, or construction. The City water/sewer has no issue with proposed zoning change.

Thanks

[Demetri Williams](#)

Engineering Technician IV

City of Tallahassee |

Underground Utilities and Public Infrastructure

408 N Adams Street | Tallahassee, FL 32301

Office: 850.891.6102 | Cell: 448.500.1825

Demetri.Williams@talgov.com



TRANSIT SERVICE ANALYSIS FORM

Agent Name:	Date: 2/3/25
Applicant Name: SONIA AYALA	Telephone: (850) 5455536
Address: 2000 E Dellview Dr Tallahassee FL 32303	Fax:
	Email: soniayala05@gmail.com

① **Location of the proposed Comprehensive Plan Amendment or Rezoning:**

Tax ID #: 212430 B0220
Property address: 2000 E Dellview Dr. Tallahassee FL 32303
Related Application(s): Rezoning

② **The proposed site is located within 1/4 mile of a stop for the following bus routes:**

Weekday Routes

- Azalea
- Big Bend
- Dogwood
- Evergreen
- Forest
- Gulf
- Hartsfield
- Killearn
- Live Oak
- Moss
- Park
- Red Hills
- San Luis
- Southwood
- Tall Timbers
- Trolley

Campus Routes

- Seminole Express
- Venom Express

Other Routes

- Other _____
- None of the above

*Maps and route schedules are available on the StarMetro website at
<http://www.talgov.com/starmetro/starmetro-routes.aspx>*

Attachment 8

Attach the Applicant Statement

Answer the questions on a separate sheet(s) - these questions provide the applicant with an opportunity to explain why the requested change is needed, impacts of the change, and consistency with our community's Comprehensive Plan.

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. Is the subject area within a "Neighborhood First" Planning area? If so, identify which neighborhood and how the proposed amendment would further the recommendations or objectives of the Neighborhood First Plan.
5. How does your request further the concepts reviewed in the [Vision Statement for the Comprehensive Plan](#)? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan.

1. The property currently has three streets, which does not make it residentially friendly. For this reason, I would also like to be able to use it as an office location.

2. Yes. There are many offices on a commercial location on a side on right across the street.

3. No

4. Not that I know.

5. Community where you can live, work and walk to activity/shop centers.

Neighborhood Meeting Form Land Use Changes and Rezoning

The Planning Department strongly encourages applicants for land use changes, including those with concurrent rezonings, adjacent to single family residential land uses to meet informally with adjacent neighbors or the Neighborhood/Homeowner's Association(s) to provide an early opportunity for dialogue. This attachment, at the applicant's discretion, may be used to indicate the outcome of discussions between the applicant and the adjacent neighbors/Neighborhood(s)/Homeowner's Association(s) prior to the time of amendment application. The applicant may request that neighbors/Neighborhood(s)/Homeowner's Association(s) provide the information below to be included in the application.*

Application Name and/or Location: 2000 E Dellview Dr. Tallahassee FL 32303
Name: SONIA AYALA Date: 2/13/25
Affiliation (applicant/association/other): N/A

1. Did the applicant meet with the affected Neighborhood/ Homeowner's Association(s) or other residents?

Yes No

A. Title of the Association(s): UNKNOWN

B. Name of neighborhood(s): _____

C. Dates of meeting(s): _____

D. Number of residents/representatives present at each meeting: _____

3. What benefits and/or initial concerns did the neighborhood or representatives communicate?

4. If any concerns, how did the applicant revise plans in to address the above concerns?

5. If revisions were made, did they resolve concerns of the neighbors/representatives?

All concerns were resolved Some concerns were resolved but not others
 No concerns were resolved

6. If plans were revised, what additional benefits, or continuing or new concerns did the neighborhood communicate?

7. Can the continuing or new concerns be alleviated through a *reasonable* revision of plans?

Yes No

8. Is the applicant willing to continue discussions with the neighbors or representatives?

Yes No

**Additional questions or pages may be used if needed.*

Optional Sustainable Development Pattern Survey

The City of Tallahassee and Leon County have consistently expressed a commitment to promote more sustainable development patterns. Consistent with this commitment, the Planning Department requests that applicants complete the following survey.

N/A

Is the proposed site in the: City or County

Is the proposed site in the Urban Services Area: Yes or No

Is the proposed site in the Multimodal Transportation District: Yes or No

Is the proposed site near the following existing or approved developments?

	Within ¼ mile	Within ½ mile	Sidewalks available? (Y/N)	Bike lanes available? (Y/N)	Multiuse Trail available? (Y/N)
Elementary School					
Middle School					
High School					
College/ University					
Employment Center					
Shopping Center					
Grocery Store					
Restaurant					
Bank					
Pharmacy					
Convenience Store					
Bus stop					
Park or Greenway					
Other Neighborhood					

Affidavit Waiving Concurrency for a Preliminary Development Order- Rezoning

Submit to Planning Department at Frenchtown Renaissance Building, 3rd Floor, with request for Rezoning

I, SONIA AYALA, owner or agent of the property described below:

Parcel ID Number: 212430B0220
Location Address: 2000 E DELLVIEW DRIVE
TALLAHASSEE, FL 32302

do hereby elect to waive concurrency review associated with the proposed preliminary development order (rezoning) of the above referenced project, pursuant to Section 3.1.1 of the Concurrency Management System Policy and Procedures Manual.

In waiving the concurrency review, I acknowledge that I understand the following:

- 1) Final development orders for the subject property are subject to a concurrency determination; and
- 2) No rights to obtain final development orders, nor any other rights to develop the subject property have been granted or implied by the City's approval of the preliminary development order without a concurrency determination of the public facilities.

ACKNOWLEDGEMENT

STATE OF Florida
COUNTY OF Leon



exp

Before me, this 13 day of February, 2025, personally appeared _____, owner/agent who executed the foregoing instrument, and acknowledged to me that the same was executed for the purposes therein expressed.

Personally known ; or
Produced Identification yes
Type of Identification produced:
Driver Licensed.



(Notary Public)



(Owner/Agent Signature)

Print Name: E. Mariela Bartens.

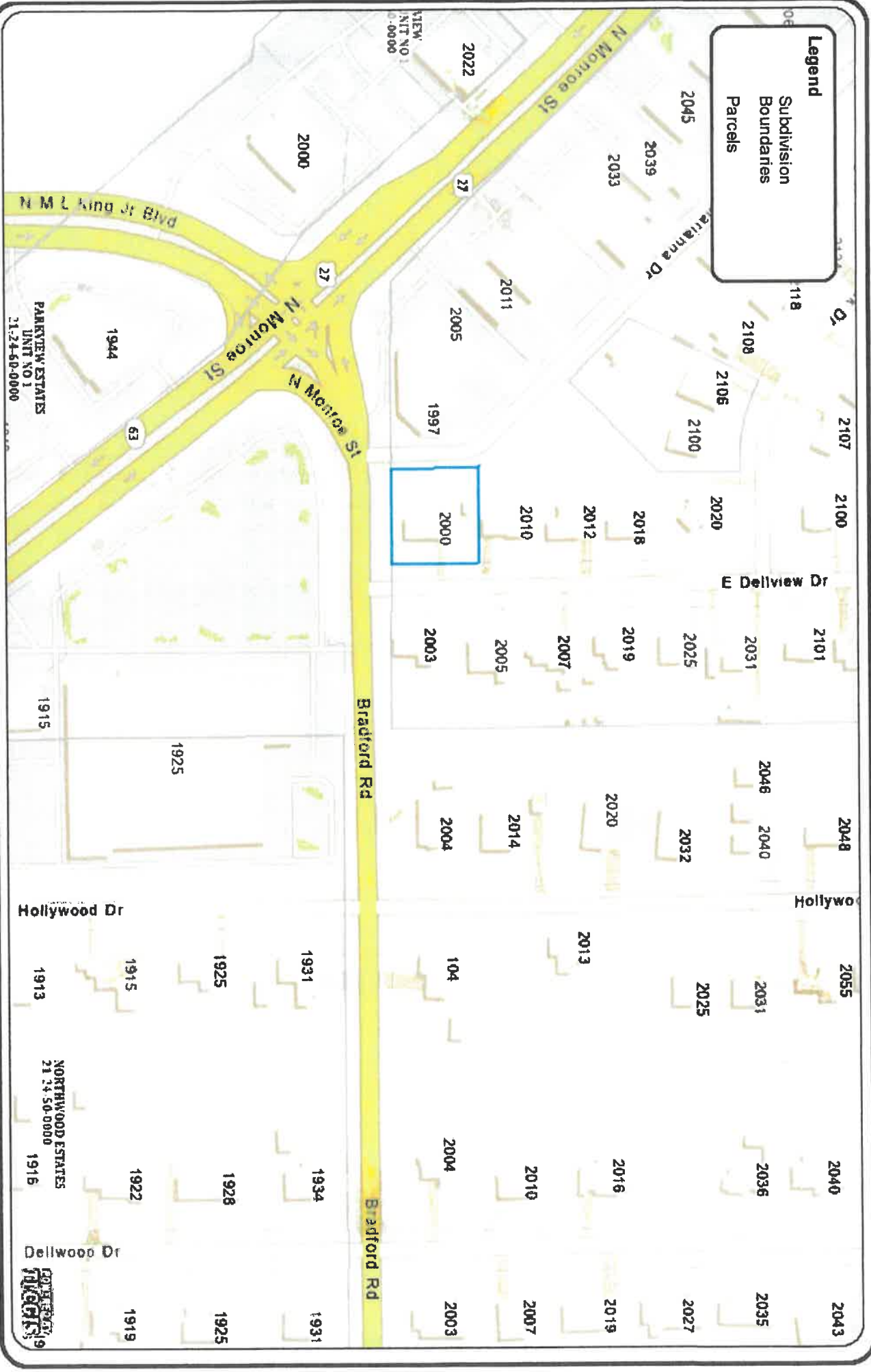
Print Name: SONIA AYALA

My Commission Expires: 3/17/2028



Legend

- Subdivision Boundaries
- Parcels

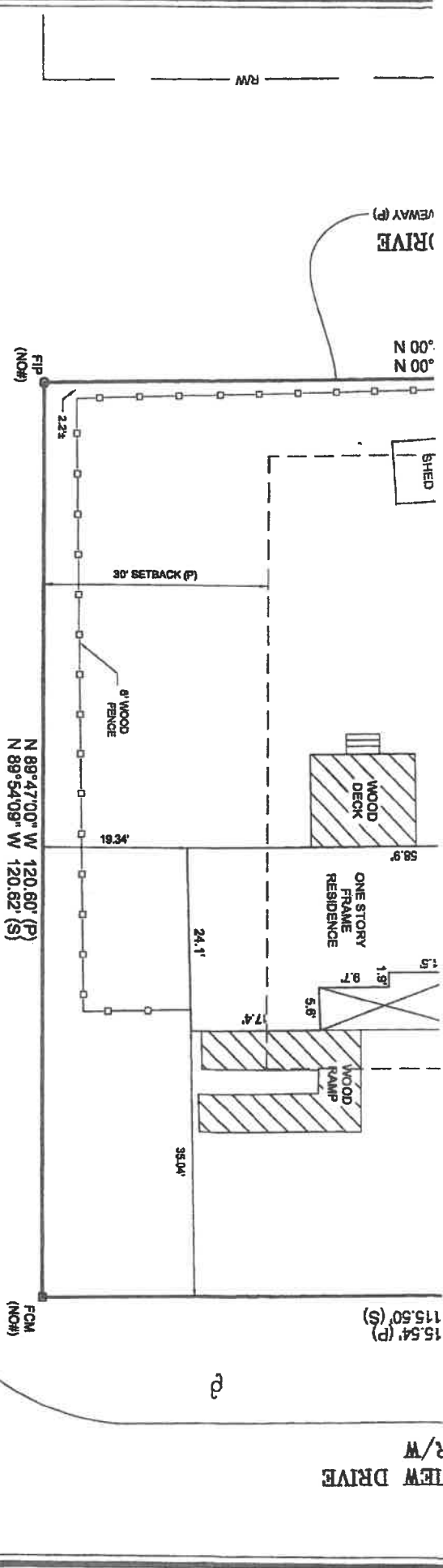


Land Information

DISCLAIMER
 This product has been compiled from the most accurate source data from Leon County, the City of Tallahassee and the Leon County Property Appraiser's Office. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office assume no responsibility for any use of the information contained herein or any loss resulting therefrom.



Scale:		Tallahassee/Leon County GIS Management Information Services Leon County Courthouse 301 S. Monroe St, P3 Level Tallahassee, FL 32301 850/606-5504 http://www.ticgis.org
Not To Scale:		
Date Drawn: February 7, 2025		



NOTE: UNDERGROUND ENCROACHMENTS AND UTILITIES, IF ANY, NOT LOCATED, FENCE OWNERSHIP NOT DETERMINED BY THIS SURVEY.

The undersigned surveyor has not been provided a current title opinion or abstract of matters affecting the boundary to the subject property. It is possible there are deeds of record, unrecorded deeds, easements or other instruments which could affect the boundaries.

LEGEND (GENERAL)

- F.C.M. = FOUND CONCRETE MONUMENT
- F.I.R. = FOUND IRON ROD
- F.I.P. = FOUND IRON PIPE
- S.C.H. = SET 4" X 4" CONC. MONUMENT W/ CAP #4015
- S.I.R. = SET IRON ROD WITH CAP #5509 (5/8" ROD)
- F.V.C. = FOUND NAIL & CAP
- S.V.C. = SET NAIL & CAP #L5509
- P.M. = PERMANENT REFERENCE MONUMENT
- Q.P. = PLAY DISTANCE AND/OR BEARING
- Q.S. = SURVEY DISTANCE AND/OR BEARING
- Q.D. = BEEL DISTANCE AND/OR BEARING
- Q.C. = CALCULATED DISTANCE AND/OR BEARING
- P.O. = POINT OF COMMENCEMENT
- P.O.B. = POINT OF BEGINNING

LEGEND (BEARINGS)

- N = NORTH
- E = SOUTH
- S = EAST
- W = WEST
- ' = MINUTES
- " = SECONDS
- PP = POWER POLE
- DBD = DEED BOOK

LEGEND (CURVES)

- A = BETA ANGLE
- R = RADIUS
- L = CURVE LENGTH
- CL = CHORD LENGTH
- CB = CHORD BEARING
- DIS = DISTURBED
- TR = TYPICAL
- C = CENTER LINE
- BK = BREAKLINE (NOT TO SCALE)

ALL DISTANCES ARE IN ACCORDANCE WITH THE UNITED STATES STANDARD

LAND SURVEYING
 LB #5509
 Phone: (850)-877-0541
 FAX: (850)-877-0041



GARY G. ALLEN
 Registered Land Surveyor, Inc.
 4101 Apalachee Parkway
 Tallahassee, Florida 32311

email: info@garyallenlandsurveying.com
 gary@garyallenlandsurveying.com

DESCRIPTION: BOUNDARY SURVEY OF: LOT 22, BLOCK "B"

DELLWOOD

SEC. 24 TWP 1-NORTH RNG 1-WEST RECORDED IN PLAT BOOK 3
 DATE OF SURVEY 11/25/2024 PAGE 26 IN LEON COUNTY, FLORIDA
 FIELD BOOK 996 PAGE 49
 SCALE 1" = 20'
 JOB No. 24-757
 FILE No. 24-757.DWG

I hereby certify that this survey meets the minimum technical standards as established by chapter 5J-17.051 of the Florida Administrative Code.

Gary G. Allen
 Gary G. Allen, P.S.M.
 Professional Surveyor and Mapper
 Florida Registration No. 4016

DATE: 11-26-2024

NOTE: THE FLOOD ZONE DESIGNATION DERIVED ON THIS SURVEY SKETCH WAS DERIVED FROM THE FEDERAL INSURANCE RATE MAP AS INDICATED. THE LOCATION OF ANY ZONE LINES WERE GRAPHICALLY SCALED FROM THIS MAP. THIS INFORMATION IS PROVIDED AS IS AND IS NOT INTENDED TO REPRESENT ANY ENGINEERING OR FLOOD PRONE AREA DETERMINATIONS BY THIS FIRM.

This property lies in zone "X" as determined by the Flood Insurance Rate Maps for LEON County, Florida on Map Number 12073C02B3F dated: 08/18/09

DRAWN BY: S.A.

"UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT VALID."