

SECTION 36.0 VESTING DETERMINATION

Section 36.01 Purpose

A Vested Development is a Development Project that is exempt from some or all of the provisions of the Land Development Code. This Section sets out the procedures for applying for a Vesting Determination as allowed by Part 10.02.00. Each application is considered based on the factual evidence provided on a case-by-case basis. The applicant has the burden of proof to demonstrate vested rights pursuant to the requirements of Florida law.

Section 36.02 Introduction

Applications for Vesting Determinations are processed by the Long Range Planning Division of the Growth Management Department.

Location: 4040 Lewis Speedway
St. Augustine, Florida 32084

Phone: (904) 209-0675-GENERAL INFORMATION
Fax: (904) 209-0676

E-mail: faxplandept@sjcfl.us

Fees

These fees may be adjusted, and shall be applied as provided in the most current Board of County Commissioners' [Fee Resolution](#).

Section 36.03 Application Process

The following information must be included with each request:

- A. Complete Application Form.
- B. Appropriate Fee. A one hour minimum fee is required to process your request. If additional fees are required the applicant will be notified.
- C. Owners Authorization for Agent. All persons listed on the deed, purchase agreement, title opinion or other acceptable proof of ownership must complete an Owners Authorization.
- D. A legal description, deed, and survey of the property in questions.
- E. The name and address of each owner(s) of the property.
- F. A site or Development Plan or plat for the property.

- G. A memorandum of law specifically citing all applicable law supporting vesting and a description of how each element requirement is met.
- H. Substantial competent evidence of each fact alleged to support this vesting claim.

Additional information deemed relevant may be requested.

Section 36.04 Process

- A. After submission of a complete application and appropriate fees the vesting determination request will be reviewed within twenty (20) working days to determine if the request is technically complete.
- B. If it is determined that the application is not technically complete the Applicant will receive written notification of the deficient items.
- C. The Applicant has twenty (20) working days to submit the deficient items. If the deficient items are not submitted during the time period provided the application will become void (LDC Sec. 10.02.02.A).

An extension of time may be granted for a period of thirty (30) days. No further extensions are allowed.

- D. A vested rights determination shall be made by the County within thirty (30) working days of finding that the application is technically complete.
- E. Vested Rights Determinations are generally valid for a period of five (5) years, unless otherwise stated, and may be extended by the Planning and Zoning Agency or Ponte Vedra Zoning and Adjustment Board, as applicable, pursuant to Section 10.02.03.A.2 of the Land Development Code.



Application for Vesting Determination
St. Johns County Growth Management Services Department
4040 Lewis Speedway
St. Augustine, Florida 32084
Phone (904) 209-0675; Fax (904) 209-0676

This application, together with ALL REQUIRED EXHIBITS and application fee, should be completed and filed with the Planning and Zoning Division.

Date _____
Property Owner(s) _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip Code _____ Email _____

Are there any owners not listed No Yes If yes please list on separate sheet to be included with your application

Applicant _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip Code _____ Email _____

Property Appraiser's Parcel Identification No. _____ Size of parcel: _____

Future Land Use Map Designation _____ Zoning _____

Utility Provider: _____

I HEREBY CERTIFY THAT ALL INFORMATION IS CORRECT:

Signature of owner(s) or authorized person if Owner's Authorization Form is attached:

Printed or typed name(s): _____

Signature(s): _____

NAME AND ADDRESS OF PERSON TO RECEIVE ALL CORRESPONDENCE REGARDING THIS APPLICATION:

Name: _____

Mailing Address: _____

Phone: _____ FAX: _____ E-mail: _____