

Ronald J Siegrist  
490 Hauser Lane Venice, Florida 34285  
C: 941\*416\*5293 [ronsiegrist@comcast.net](mailto:ronsiegrist@comcast.net)  
January 15<sup>th</sup>, 2016

RECEIVED  
JAN 15 2016

PLANNING & ZONING

VIA HAND-DELIVERY

Mr. Jeff Shrum, AICP  
Community Development Director  
City of Venice  
401 West Venice Ave  
Venice, Florida 34285

**COVER LETTER – FORMAL REZONING FEE WAIVER REQUEST**

Re: Ronald J Siegrist Revocable Living Trust -  
Ronald J Siegrist TTEE – 490 and 492 Hauser Lane Properties Rezoning

Dear Mr. Shrum:

As you are aware, I am currently representing myself as the owner of the properties located at 490 and 492 Hauser Lane, in the City of Venice. My properties were involuntarily annexed into the City in 2002, but the Sarasota County zoning designation for the properties has never been converted (via a rezoning process) to a City of Venice zoning district. I now plan to apply to have my properties properly rezoned to a City zoning district.

Please accept this letter as a formal request for the City of Venice to **waive the application fee for the rezoning** of the above referenced properties. I make this request based upon:

- 1) My properties were **involuntarily annexed** into the City – by interlocal agreement with Sarasota County – and the City should have at some point over the ensuing 15 years taken action to rezone my properties. This action, however, never occurred due to a possible long term oversight.
- 2) I, at this point, am preparing and filing an application with the City to rezone my properties, but believe it is fair and appropriate under the circumstances that the rezoning application **filing fee of \$2908.00**,
- 3) **Any and all additional fees normally associated with this process be waived.** Specifically, including but not limited to the rezone fee referenced in point 2 above, but also any and all other public notification fees as referenced in the last line under **Fees of the Zoning Map Amendment Application revised 12/10 wherein it states: "Public notice fee in excess of \$50 will be billed to applicant and is not included in application fee."** Such fees including but not limited to any and all public notification through advertisement, mailing, staff hours, etc., regarding and throughout the entire process regarding Planning Commission meeting, all Council meetings, etc. This additional waiver of fees is proper and appropriate since this should have been done by the City following the **involuntary annexation** referenced in point 1 above.
- 4) Additionally, I am making these requests, based upon an earlier PRECEDENT set by the City, throughout a similar rezoning approval process undertaken on behalf of my neighbor's contiguous property. Throughout this process, **certain requirements and the corresponding fees associated were waived.** The **Rezoning Petition # 14-5RZ** was **unanimously approved** with a City Council vote of **7-0**. Council members included: Chair Snyder, Ms. Moore, Mr. Williams, Mr. Towery, Mr. Graser, Mr. Murphy and Mr. Newsom.
- 5) I am very simply requesting similar treatment by the City for my contiguous properties as was approved throughout the Rezoning Petition process # 14-5RZ referenced in point 4 above.

I have also submitted under separate cover an application for the neighborhood meeting requirement to be waived, and also that the application fee associated with same be waived; again, as was this very appropriately done for my neighbors the O'Connell's and their property.

If you require any additional information or have any additional questions, please do not hesitate to contact me.

Cordially,

  
Ronald J Siegrist TTEE

Dated: 1-15-2016



City of Venice  
 401 West Venice Ave., Venice, FL 34285  
 941-486-2626

DEVELOPMENT SERVICES  
**FEE WAIVER / REDUCTION REQUEST**

1) Name of Individual Requesting Waiver/Reduction: Ronald J. Siegrist TTEE  
 Mailing Address: 490 Hauser Lane  
Venice, Florida, 354285  
 Phone: 941\*416\*5293  
 E-mail: ronsiegrist@comcast.net

2) Name of organization for which waiver is requested: Self AS TRUSTEE  
RONALD J SIEGRIST REVOCABLE LIVING TRUST  
 Mailing Address: SAME AS ABOVE  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

3) Please provide a description of the project/activity/event for which a fee waiver is being requested on a separate sheet of paper. Please include the type of project/activity/event, the number of individuals who will participate or be served, etc.

4) Please indicate if this is a one-time or annual event:  
 One time       Annual

5) Type and amount of fee waiver(s) requested. Please list all fees you are requesting to be waived in conjunction with this project/activity/event:

Dept. Assessing Fee	Type of Fee	Amount of Fee
Planning and Zoning	REZONE APPLICATION FEE	\$ 2908 <sup>00</sup>
	PUBLIC NOTICE COSTS	- UNKNOWN AT THIS TIME - ALL



0. Incomplete applications cannot be processed

6) If your entity or organization has received a fee waiver(s) for a similar project/activity/event in the past, please list fee waivers below: **N/A**

Date of Waiver	Dept. Assessing Fee	Type of Fee	Amount of Fee

7) Does the organization or entity for which the fee waiver is requested receive funding from any of the following sources? If so, please specify: **N/A**

- Property Tax       Sales Tax       Special Assessment  
 User Fees       Other, please specify: \_\_\_\_\_

8) If the organization or entity receives tax funding or has the ability to assess fees, please provide an explanation and supporting documentation regarding the complete inability of the organization or entity to pay the fees which you are requesting be waived. Please attach information/documentation to this form and submit with your request for fee waiver. **N/A**

9) Will the organization or entity be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver? If so, please provide an explanation and supporting documentation detailing why the fees to be waived cannot be recovered through the entry fee. Please attach information/documentation to this form and submit with your request for a fee waiver. **N/A**

Authorized Signature Ronald J. Siegrist TTEE Title OWNER / TTEE Date 1-15-2016  
 Ronald J. Siegrist TTEE

**SUBMIT TO:**  
 Planning & Zoning Department  
 Attn: Community Development Director  
 401 W. Venice Avenue  
 Venice, FL 34285

6) If your entity or organization has received a fee waiver(s) for a similar project/activity/event in the past, please list fee waivers below:

Date of Waiver	Dept. Assessing Fee	Type of Fee	Amount of Fee

7) Does the organization or entity for which the fee waiver is requested receive funding from any of the following sources? If so, please specify:

- Property Tax     
  Sales Tax     
  Special Assessment  
 User Fees     
  Other, please specify:

8) If the organization or entity receives tax funding or has the ability to assess fees, please provide an explanation and supporting documentation regarding the complete inability of the organization or entity to pay the fees which you are requesting be waived. Please attach information/documentation to this form and submit with your request for fee waiver.

9) Will the organization or entity be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver? If so, please provide an explanation and supporting documentation detailing why the fees to be waived cannot be recovered through the entry fee. Please attach information/documentation to this form and submit with your request for a fee waiver.

Authorized Signature *Ronald Stinson* Title *OWNER - FEE* Date *1-15-2016*

**SUBMIT TO:**  
 Planning & Zoning Department  
 Attn: Community Development Director  
 401 W. Venice Avenue  
 Venice, FL 34285



City of Venice  
 401 West Venice Ave., Venice, FL 34285  
 941-486-2626

DEVELOPMENT SERVICES  
**FEE WAIVER / REDUCTION REQUEST**

**FEE WAIVER / REDUCTION REQUEST**

1) Name of Individual Requesting Waiver/Reduction: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

2) Name of organization for which waiver is requested: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

3) Please provide a description of the project/activity/event for which a fee waiver is being requested on a separate sheet of paper. Please include the type of project/activity/event, the number of individuals who will participate or be served, etc.

4) Please indicate if this is a one-time or annual event:  
 One time       Annual

5) Type and amount of fee waiver(s) requested. Please list all fees you are requesting to be waived in conjunction with this project/activity/event:

Dept. Assessing Fee	Type of Fee	Amount of Fee
	<i>RE ZONING</i>	<i>2908</i>

*Incomplete applications cannot be processed*