



**Application  
For Amendment of  
Future Land Use Map Designation**



**Instructions:** *Please review the document “Comprehensive Plan 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 TLCPD staff must be completed prior to the application deadline.*

**A. APPLICANT INFORMATION**

Applicant Name: Anchor School inc. Co Kenyatta- Melissa Siplin

Address: 1726 Mahan Dr,

Tallahassee, FL 32308

Telephone: 850-688-2486

E-mail Address msiplin506@gmail.com

Property located in:      City      Unincorporated County

Tax I.D.(s) #: 112920604000, 112920603000

Parcel size (acres): 1.51

Current Future Land Use Map designation: Residential Preservation

Requested Future Land Use Map designation: Urban Residential 2

**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 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.*

- x   Attachment 1: Completed pre-application conference form
- x   Attachment 2: Completed “Affidavit of Ownership & Designation of Agent” form
- x   Attachment 3: Copy of legal description or deed (acreage should be estimated at end)
- x   Attachment 4: Completed Rezoning Application necessary to implement the proposed land use change, available at <https://www.tal.gov.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.talgov.com/Uploads/Public/Documents/place/comp\\_plan/tlc-cp00-introd.pdf](https://www.talgov.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: Informal 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.*

- One (1) signed original of the completed application, attachments, and supporting documentation
- One (1) electronic version of the completed application, attachments, and supporting documentation shall be submitted on a CD, DVD, or USB Flash Drive. The required format for all text documents is MS Word or PDF. The required file format for all maps drawings and graphics is PDF, JPEG, PNG, or TIFF.
- Application fee in the form of a check payable to the City of Tallahassee or Leon County Board of County Commissioners.
- Commitment to pay the rezoning application fee after the Local Planning Agency Public Hearing

**APPLICATION DEADLINE:**  
**Friday, September 22, 2023 5:00 PM (EST)**

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 \_\_\_\_\_ day of 9/22/23, 20\_\_



Staff Signature

\_\_\_\_\_  
Signature of Property Owner or Agent



TMA 2024008

Application For Amendment of Future Land Use Map Designation



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- Attachment 1: Completed pre-application
Attachment 2: Completed "Affidavit of Compliance"
Attachment 3: Copy of legal description
Attachment 4: Completed Rezoning Application for proposed land use change. https://www.talgov.com

Today's top 3

1 Bill Funder in Traffic Tyler

2 will be Type C - DR

3

- \_\_\_ Attachment 5: Completed School Impact Analysis Form.
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**Friday, September 22, 2023 5:00 PM (EST)**

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 22 day of September, 2023

  
 \_\_\_\_\_  
 Staff Signature

  
 \_\_\_\_\_  
 Signature of Property Owner or Agent



New electrical pole set



Existing plumbing clean out



New sewer drain



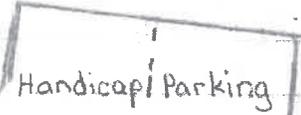
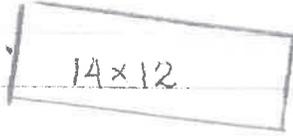
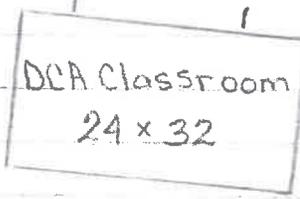
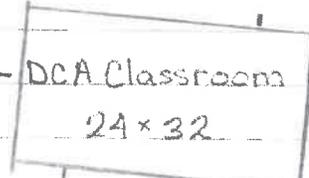
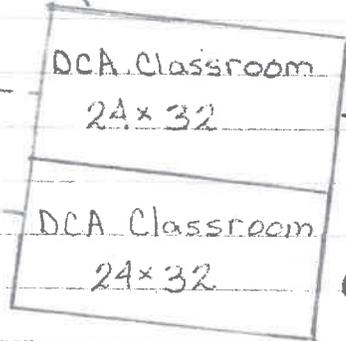
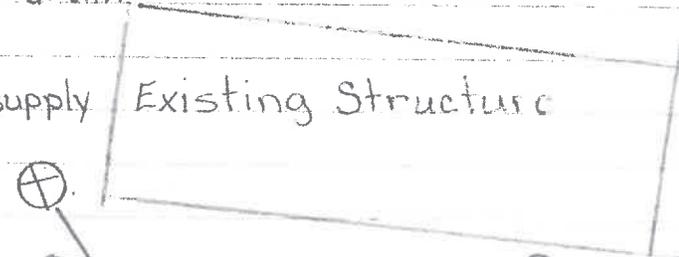
New water supply

Existing Structure

200 Amp

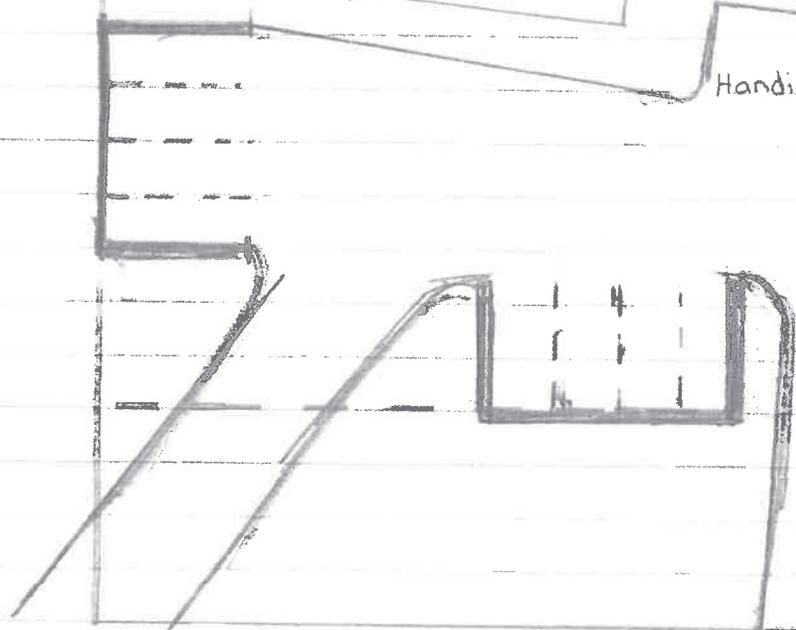


1" SCH 40



3" SCH

200 Amp



ML Rashard



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



**I. OWNERSHIP**

I, Rashad R. Mujahid, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 112920604000

Location address: 1726 Mahan Dr. Tallahassee, FL 32308

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: G.W.C. Lee LLC

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:  
Rashad Mujahid

Provide Names of General Partners:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dept. of State Registration No.:  
\_\_\_\_\_

Name/Address of Registered Agent  
Rashad Mujahid  
1877 Vineland Lane  
Tallahassee FL 32317

**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: Kenyatta or Melissa Siglin

Address: 1726 Mahan Dr Tallahassee FL

Contact Person: 850-688-2485 Telephone No.: 850-688-2485  
Kenyatta Siglin

**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

G.W.C. Lee LLC

Print Corporation Name

By:

Print Name:

Its:

Address:

Phone No.:

Rashad R. Mujahid  
*Signature*

Rashad R. Mujahid

1877 Vineland Ln

Tallah FL 32317

(850) 591-4228

Print Partnership Name

By:

Print Name:

Its:

Address:

Phone No.:

*Signature*

\_\_\_\_\_  
*Signature*

Print Name:

Address:

Phone No.:

Please use appropriate notary block.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Individual

Corporation

Partnership

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this 22<sup>nd</sup> day of September, 2023, personally appeared Rashad R. Mujahid of G.W.C. Lee LLC, 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.

Personally known \_\_\_\_\_; or  
Produced identification .  
Type of identification produced:

FLDL  
MA30-736-57-084-0

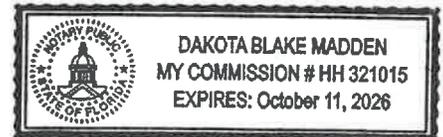
Dakota B Madden  
*Signature of Notary*

Signature of Notary

Print Name: Dakota B Madden  
Notary Public

(NOTARY STAMP)

My commission expires:





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



**I. OWNERSHIP**

I, Diane M. Roberts, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 1129206 030000

Location address: 1728-1730 Mahan Drive  
Tallahassee, FL 32308

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: Diane M. Roberts

Please complete the appropriate section below:

**Individual**

**Corporation**

**Partnership**

Provide Names of Officers:

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)**

*limited matters relating to rezoning use.*

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: Kenyatta Siplin for Melissa Siplin

Address: 1726 Mahan Drive, Tallahassee, FL 32308

Contact Person: \_\_\_\_\_ Telephone No.: 850-688-2485

**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.) Limited to representing for matters relating to property rezoning from RPA to ORA or MR. Designated agent does not have legal ownership of property but will keep me updated on zoning progress and I will assist as needed.

IV. ACKNOWLEDGEMENT

Individual

Corporation

Partnership

Diane M. Roberts  
*Signature*

Print Name: Diane M. Roberts  
Address: 1728 Mahan Drive  
Tallahassee FL 32308  
Phone No.: 850-933-3131

Print Corporation Name \_\_\_\_\_

By: \_\_\_\_\_  
*Signature*

Print Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Print Partnership Name \_\_\_\_\_

By: \_\_\_\_\_  
*Signature*

Print Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Please use appropriate notary block.

STATE OF Florida  
COUNTY OF Leon

Individual

Corporation

Partnership

Before me, this 22<sup>nd</sup> day of September, 2023, personally appeared Diane M. Roberts 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.

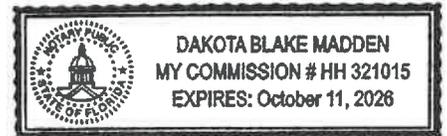
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Personally known \_\_\_\_\_; or  
Produced identification .  
Type of identification produced:  
drivers license  
R163-173-59-741-0

[Signature]  
Signature of Notary  
Print Name: Dakota B Madden  
Notary Public

(NOTARY STAMP)

My commission expires:



**Attachment 3**

Attach a legal description or a copy of the deed for the subject property

*SEE ATTACHED*

This Instrument Prepared by & return to:  
Name: W. Crit Smith, Esq.  
Susan S. Thompson, Esq.  
Frank S. Shaw, III, Esq.  
Address: Smith, Thompson & Shaw  
Fourth Floor, 3520 Thomasville Rd.  
Tallahassee, FL 32309  
20181539CA  
Parcel I.D. #:

SPACES ABOVE THIS LINE FOR PROCESSING DATA SPACES ABOVE THIS LINE FOR RECORDING DATA

31

**THIS SPECIAL WARRANTY DEED** Made the 31st day of July, A.D. 2018, by CAPITAL CITY BANK, A FLORIDA BANKING CORPORATION, having its principal place of business at 1301 METROPOLITAN AVENUE, TALLAHASSEE, FL 32308, hereinafter called the grantor, to G.W.C. LEE, LLC, A FLORIDA LIMITED LIABILITY COMPANY, having its principal place of business at 1877 VINELAND LANE, TALLAHASSEE, FL 32317, hereinafter called the grantees:

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

**Witnesseth:** That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does 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:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF.

Subject to taxes for the year 2018 and subsequent years, restrictions, reservations, covenants and encumbrances 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 grantor covenants with grantees that, except as noted, at the time of the delivery of this deed:

- 1. The premises are free from all encumbrances made by Grantor, except as follows:  
NONE

2. Grantor will warrant and defend against the lawful claims and demands of all persons claiming by, through, or under Grantor, but against none other.

In Witness Whereof, the said grantor has caused these presents to be executed in its name by its proper officers thereunto duly authorized the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature: [Signature]  
Printed Name: Nat Applewhite  
Witness Signature: [Signature]  
Printed Name: GREG M. TINSLEY

CAPITAL CITY BANK  
By: [Signature] L.S.  
Name: STERLING BRYANT, JR.  
Title: VICE PRESIDENT  
Address: 1301 METROPOLITAN AVENUE, TALLAHASSEE, FL 32308



State of Florida  
County of Leon

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared STERLING BRYANT, JR. known to me to be the VICE PRESIDENT of CAPITAL CITY BANK, in whose name the foregoing instrument was executed and that he/she acknowledged executing the same, freely and voluntarily, under authority duly vested in them, and that I relied upon the following form of identification of the above-named person: PERSONALLY KNOWN as identification and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this 31st day of July, A.D. 2018



Notary Signature: [Signature]  
Printed Notary Signature: Nat Applewhite



EXHIBIT "A"

The land referred to herein below is situated in the County of Leon, State of Florida, and described as follows:

COMMENCE AT A POINT WHERE THE EAST LINE OF THE SOUTHWEST QUARTER OF SECTION 29, TOWNSHIP 1 NORTH, RANGE 1 EAST CUTS THE NORTHERN BOUNDARY LINE OF THE RIGHT-OF-WAY OF STATE ROAD NO. 1; SAID NORTH BOUNDARY LINE BEING 33 FEET FROM AND PARALLEL TO THE CENTER LINE OF SAID STATE ROAD NO. 1; RUN THENCE SOUTHWESTERLY ALONG SAID NORTH BOUNDARY LINE A DISTANCE OF 570.90 FEET TO THE POINT OF BEGINNING. FROM SAID POINT OF BEGINNING RUN NORTH ALONG THE WEST LINE OF LANDS OF ARMOUR JONES AS RECORDED IN DEED BOOK 16, PAGE 77 IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT OF LEON COUNTY, FLORIDA, A DISTANCE OF 346.50 FEET TO A POINT, THENCE RUN WEST A DISTANCE OF 105 FEET TO A POINT, THENCE RUN SOUTH A DISTANCE OF 388.3 FEET TO A POINT ON SAID NORTH BOUNDARY LINE OF SAID STATE ROAD NO. 1, THENCE RUN IN A NORTHEASTERLY DIRECTION ALONG SAID NORTH BOUNDARY LINE A DISTANCE OF 114.1 FEET TO THE POINT OF BEGINNING.



THIS INSTRUMENT PREPARED BY &  
RECORD AND RETURN TO:  
Diane Roberts  
1730 Mahan Drive  
Tallahassee, FL 32308  
RE PARCEL ID #: 11-29-20-60-30000

**QUIT - CLAIM DEED**

**THIS QUIT - CLAIM DEED** made this 23<sup>rd</sup> day of March, 2006,  
by **ARTHUR C. ROBERTS**, hereinafter referred to as Grantor, whether one or more,  
and whose address is 1728 Mahan Drive, Tallahassee, FL 32308, to **DIANE M.  
ROBERTS**, hereinafter referred to as Grantee, whether one or more, and whose address  
is 1730 Mahan Drive, Tallahassee FL 32308.

(Wherever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs,  
legal representatives and assigns of individuals, and the successors and assigns of corporations.)

**WITNESSETH:**

**THAT** Grantor, for and in consideration of the sum of Ten and NO/100 Dollars  
and other valuable considerations, in hand paid by Grantee, the receipt whereof is hereby  
acknowledged, does remise, release and quit-claim unto Grantee the following described  
land situate, lying and being in the County of Leon, State of Florida, to wit:

COMMENCE AT THE NORTHWEST CORNER OF LOT 27, BLOCK "D", OF  
CAPITAL HILLS SUBDIVISION UNIT NO. 2, AS PER PLAT RECORDED IN  
PLAT BOOK 3, PAGE 49, OF THE PUBLIC RECORDS OF LEON COUNTY,  
FLORIDA; THENCE RUN SOUTH 01 DEGREE 29 MINUTES 33 SECONDS  
WEST 313.56 FEET TO A POINT ON THE RIGHT OF WAY OF STATE  
ROAD 10; THENCE NORTH 67 DEGREES 14 MINUTES 23 SECONDS EAST  
1313.28 FEET TO THE POINT OF BEGINNING; THENCE RUN NORTH  
308.23 FEET; THENCE EAST 137.28 FEET; THENCE SOUTH 248.83 FEET;  
THENCE SOUTH 67 DEGREES 13 MINUTES 11 SECONDS WEST 4.39  
FEET ALONG THE RIGHT OF WAY OF STATE ROAD 10; THENCE SOUTH  
67 DEGREES 14 MINUTES 23 SECONDS WEST 144.48 FEET ALONG SAID  
RIGHT OF WAY TO THE POINT OF BEGINNING.

**SUBJECT TO** taxes accruing subsequent to 2005.

**SUBJECT TO** covenants, restrictions and easements of record, if any; however,  
this reference shall not operate to reimpose same.

**TO HAVE AND TO HOLD** the same together with all and singular the  
tenements, hereditaments and appurtenances thereunto belonging or in anywise  
appertaining and all the estate, right, title, interest, lien, equity and claim whatsoever of  
the Grantor, either in law or in equity, to the only proper use, benefit and behoof of the  
Grantee.

**IN WITNESS WHEREOF**, Grantor has signed and sealed these presents the day  
and year first above written.

Signed, sealed and delivered in our presence:

[Signature]  
Witness - Signature  
Daniel MacFider  
Witness - Printed Name  
[Signature]  
Witness - Signature  
Dason Grant  
Witness - Printed Name

[Signature]  
ARTHUR C. ROBERTS

STATE OF FLORIDA  
COUNTY OF LEON

Sworn and subscribed before me this 23<sup>rd</sup> day of March, 2006, by  
ARTHUR C. ROBERTS, who has produced a drivers license as identification.

[Signature]  
Notary Public, County and State Aforesaid



## **Attachment 4**

Include a completed rezoning application (if applicable)

- Rezoning applications for both the City and County are available at <https://www.talgov.com/place/pln-luapps.aspx>.
- For the purpose of applying for a Future Land Use Map change, the Planning Department does not require a Natural Features Inventory to consider your rezoning application complete.
- The application fee for the rezoning is NOT collected at the time of your Application for Amendment of Future Land Use Map Designation. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

**PLANNING**   
DEPARTMENT • • • PLACE

**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-2

To: ~~OR-2~~ - MR

**Location:** The property is designated by the following Leon County Property Tax identification number(s):  
1129206040000  
1129206030000

**Project Name:** Anchar School **Total Acreage:** .57 ac & .94 ac

**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.*

**Note:** An electronic version of this application and all supporting documentation shall be submitted on a CD or DVD. Also, an original signed copy of the complete application and supporting documentation shall be submitted to the Planning Department.

The required file format for all text documents is Microsoft Word, WordPerfect or Adobe Acrobat PDF.

The required file format for all maps and drawings is either Adobe Acrobat PDF or TIFF.

**Submitted By:**

Owner's Name(s):

Name: G.W.C. Lee LLC Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: 1877 Vine land LN  
City: Tallahassee ST: FL Zip+4: 32317

Agent's Name(s):

Name: Kenyetta Siplin Phone: 850-688-2485  
Email: MSiplin506@gmail.com Fax: \_\_\_\_\_  
Street: 506 Hampton Ave  
City: Tallahassee ST: FL Zip+4: 32310

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 Kenyatta Siplin (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-2 (district) to OR-3 (district).



Signature

9/22/23 Date

Property Owner/Authorized Representative



Witness

9/22/23 Date

\_\_\_\_\_

Witness

\_\_\_\_\_ Date



TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT



APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT

I. Ownership.

I, \_\_\_\_\_, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) \_\_\_\_\_

Location address: \_\_\_\_\_

\_\_\_\_\_

for which this Application is submitted.

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

\_\_\_\_\_

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

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.: \_\_\_\_\_

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**

\_\_\_\_\_  
*Signature*  
Print  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_

**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 \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**Individual**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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.

Personally known \_\_\_\_\_; or  
Produced identification \_\_\_\_\_.  
Type of identification produced:  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary  
Print Name: \_\_\_\_\_  
Notary Public

(NOTARY STAMP)

My commission expires:

## **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. 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.talgov.com/Uploads/Public/Documents/place/comp\\_plan/tlc-cp00-introd.pdf](https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf)



**Why do you want to change the Future Land Use Map?**

The Anchor Academy is a private Kindergarten – Twelfth grade school providing educational opportunities to children who benefit from smaller classrooms, small group instruction, and differentiated learning curriculums. For over 20 years 1726 Mahan Dr. has been serving families throughout our community through preschool, private tutoring, and summer camps. The existing land use is classified on the Leon County GIS map as education and has been used for that purpose. As of late Anchor has expanded its ability to educate children from all over Tallahassee. Changing the Future Land Use Map will enable Anchor to continue its goal in providing quality education and programming for students.

**Is your request compatible with adjacent and nearby properties?**

Yes, there are adjacent properties that have been rezoned for other future land use.

**Are there any existing code violations associated with the subject property? No**

**How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan?**

Our request to change the Future Land Use Map will increase the availability of jobs, vocational training, and robust educational opportunities for children, young adults, and families.

# SCHOOL IMPACT ANALYSIS FORM

<b>Agent Name:</b> <i>Kenyatta Siplin</i> <b>Applicant Name:</b> <i>Anchor School</i> <b>Address:</b> <i>1726 Mahan Dr</i> <i>Tallahassee FL 32308</i>	<b>Date:</b> <b>Telephone:</b> <i>980-688-2485</i> <b>Fax:</b> <b>Email:</b> <i>msiplin506@mail.com</i>
---	--

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

Tax ID #: *112920604000 & 112920603000*  
 Property address: *1726 Mahan Dr, Tallahassee, FL 32308*  
 Related Application(s): *1728 Mahan Dr, Tallahassee, FL 32308*

**② Type of requested change:**

- Comprehensive plan land use amendment that permits residential development.
- Rezoning that permits residential development.
- Nonresidential land use amendment adjacent to existing residential development.
- Nonresidential rezoning adjacent to existing residential development.
- None of the above

**③ Proposed change in Future Land Use and Zoning classification:**

Comprehensive plan land use From: *RP-7* To: *RP-3* *RP → Education → Education*  
 Zoning From: *RP-2* To: *OR-3* *UR-2*

**Planning Department staff use only:**

**④ Maximum potential number of dwelling units allowed by the request:**

Number of acres: \_\_\_\_\_  
 Number of dwelling units allowed per acre: \_\_\_\_\_  
 Maximum number of dwelling units allowed: \_\_\_\_\_  
 Type(s) of dwelling units: \_\_\_\_\_

**Leon County Schools staff use only:**

**⑤ School concurrency service areas (attendance zones) in which property is located.**

<b>Elementary:</b>	<b>Middle:</b>	<b>High:</b>
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.



## **Attachment 6**

Attach the potable water and sanitary sewer capacity and availability analysis

- The analysis should be based on the **maximum development potential of the requested category**.
- Contact City of Tallahassee Utilities Department at (850) 891-6105 or Talquin Electric Cooperative at (850) 627-7651 and provide them with a copy of your completed Pre-Application Conference Form indicating the maximum development potential.

# TRANSIT SERVICE ANALYSIS FORM

<b>Agent Name:</b> <i>Kenyatta Siplin</i>	<b>Date:</b>
<b>Applicant Name:</b> <i>Anchor School</i>	<b>Telephone:</b> <i>850-688-2485</i>
<b>Address:</b> <i>1726 Mahan Dr Tallahassee FL 32308</i>	<b>Fax:</b>
	<b>Email:</b> <i>MSiplin506@Comcast.com</i>

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

Tax ID #: *11292060400 & 112920603000*  
Property address:  
Related Application(s):

② **The proposed site is located within ¼ 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.tal.gov/starmetro/starmetro-routes.aspx>*

**Informal Neighborhood Meeting Form for Developments and Land Use Changes**

The Planning Department strongly encourages applicants for development approval or land use changes 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. The applicant and/or neighborhood(s) may use this attachment, at their discretion, to indicate to relevant Departments and recommending bodies the outcome of any discussions. Please answer the questions below, using additional pages if necessary

Type of application:  Comp. Plan Amendment  Rezoning  Development

Formal title of application: Anchor School

Name of writer: Kenyatta S. Hill Date: 9/22/2023

Writer's affiliation (applicant/association/other): applicant

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

Yes  No

A. Title of the Association(s): \_\_\_\_\_

B. Name of neighborhood(s): \_\_\_\_\_

C. Dates of meeting(s): week of 9/10/24

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

**3. What initial concerns did the neighborhood or representatives communicate?**

NONE  
\_\_\_\_\_  
\_\_\_\_\_

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

NO Revision  
\_\_\_\_\_  
\_\_\_\_\_

**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 continuing or new concerns did the neighborhood communicate?**

N/A  
\_\_\_\_\_  
\_\_\_\_\_

**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

**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.

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	✓		✓		



## Weekday Bus Route - Azalea

**MONDAY - FRIDAY** (</starmetro/sm-weekday.aspx>), 6 a.m. - 7:30 p.m.

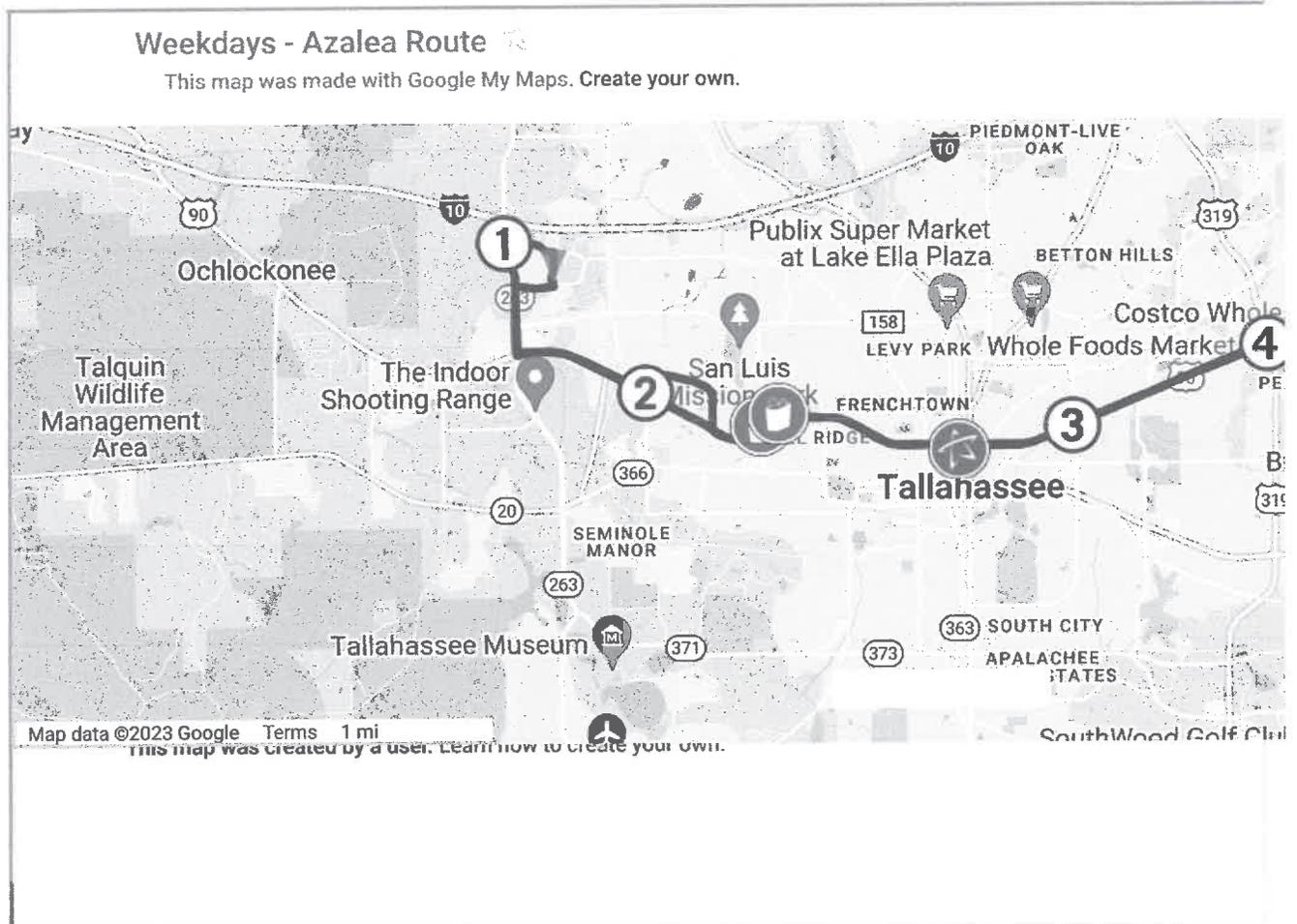
**Bus arrives every: 30 min (60 min off-peak east side, 10 a.m. - 2 p.m.)**

**Commonwealth Boulevard, Tennessee Street, C.K. Steele Plaza, Fallschase Shopping Center**

View [turn by turns](/uploads/public/documents/starmetro/turns/mfa.docx) for this route | View [real-time map](https://starmetro.transloc.com/m/route/4007294) for this route

**Weekday Routes** (</starmetro/sm-weekday.aspx>) (</starmetro/starmetro-routes-a.aspx>) (</starmetro/starmetro-routes-b.aspx>) (</starmetro/starmetro-routes-D.aspx>) (</starmetro/starmetro-routes-E.aspx>) (</starmetro/starmetro-routes-F.aspx>) (</starmetro/starmetro-routes-G.aspx>) (</starmetro/mfh.aspx>) (</starmetro/starmetro-routes-K.aspx>) (</starmetro/starmetro-routes-L.aspx>) (</starmetro/starmetro-routes-M.aspx>) (</starmetro/starmetro-routes-R.aspx>) (</starmetro/starmetro-routes-S.aspx>) (</starmetro/starmetro-routes-t.aspx>) (</starmetro/starmetro-routes-swx.aspx>) |

**Nights** (</starmetro/sm-night.aspx>) | **Saturdays** (</starmetro/sm-sat.aspx>) | **Sundays** (</starmetro/sm-sun.aspx>)



**Going EAST ⇒ (use the chart below to head from left to right on the map above)**

<b>Destination</b>	<b>Arrivals (6 a.m. - 7:30 p.m.)</b>	<b>Off-Peak Arrivals (10 a.m. to 2 p.m.)</b>
<b>Capital Circle NW/ Commonwealth Blvd.</b>	begins at 6:45 a.m.; every hour on the :15 and :45	
<b>W. Tennessee St./ Appleyard Dr.</b>	begins at 6:54 a.m.; every hour on the :24 and :54	
<b>Ocala Corners Shopping Center</b>	begins at 7 a.m.; every hour on the :00 and :30	
<b>C.K. Steele Plaza <u>GATE 20</u> (<a href="http://starmetro/CKSteelePlazaGateMap.aspx">/starmetro/CKSteelePlazaGateMap.aspx</a>)</b>	every hour on the :00 and :30	
<b>E. Tennessee St./ S. Magnolia Dr.</b>	every hour on the :08 and :38; ends at 6:38 p.m.	every hour on the :38
<b>Mahan Dr./ Capital Circle NE</b>	every hour on the :18 and :48; ends at 6:48 p.m.	every hour on the :48
<b>Fallschase Shopping Center</b>	every hour on the :00 and :30; ends at 7 p.m.	every hour on the :00

**Going WEST ⇐ (use the chart below to head from right to left on the map above)**

<b>Destination</b>	<b>Arrivals (6 a.m. - 7:30 p.m.)</b>	<b>Off-Peak Arrivals (10 a.m. to 2 p.m.)</b>
<b>Fallschase Shopping Center</b>	begins at 6:30 a.m.; every hour on the :00 and :30	every hour on the :00

<b>Destination</b>	<b>Arrivals (6 a.m. - 7:30 p.m.)</b>	<b>Off-Peak Arrivals (10 a.m. to 2 p.m.)</b>
<b>Mahan Dr./ Capital Circle NE</b>	begins at 6:35 a.m.; every hour on the :05 and :35	every hour on the :05
<b>E. Tenn St./ S. Magnolia Dr.</b>	begins at 6:45 a.m.; every hour on the :15 and :45	every hour on the :15
<b>C.K. Steele Plaza <u>GATE 15</u> (<a href="/starmetro/CKSteelePlazaGateMap.aspx">/starmetro/CKSteelePlazaGateMap.aspx</a>)</b>	every hour on the :00 and :30	
<b>Towne South Shopping Center</b>	every hour on the :15 and :45; ends at 6:45 p.m.	
<b>W. Tennessee St./ Appleyard Dr.</b>	every hour on the :20 and :50; ends at 6:50 p.m.	
<b>Capital Circle NW/ Commonwealth Blvd.</b>	every hour on the :15 and :45	

### **Weekday Routes**

(</starmetro/sm-weekday.aspx>)

### **Saturday Routes**

(</starmetro/sm-sat.aspx>)

### **Sunday Routes**

(</starmetro/sm-sun.aspx>)

### **Night Routes**

(</starmetro/sm-night.aspx>)

### **Campus Routes**

(</starmetro/starmetro-routes-se.aspx>)

## **C.K. Steele Bus Plaza Gate Map**

[./starmetro/CKSteelePlazaGateMap.aspx](#)

## **Route Detours**

[./starmetro/CurrentRouteDetours.aspx](#)

**Map of Multimodal Transportation District**

