

Application for Rezoning

City of Tampa
Land Development Coordination
2555 East Hanna Ave.
Tampa, FL 33610
(813) 274-3100
(813) 259-1712 fax



Date Rec'd: June 26, 2025
Application Number: REZ-25-0000097
Tentative PH Date & Time: 12/11/2025
Atlas Page: H-14

EXHIBIT A

PROPERTY OWNER'S INFORMATION

Name(s): John And Ruth Bolser
Address: 12415 Titus Ct
City: Tampa
State: FL Zip Code: 33612 480
Phone Number: _____
Fax Number: _____
Email Address: _____

APPLICANT'S INFORMATION

Name(s): Kareem T. Brantley
Address: 191 Peachtree Street, Ne, Suite 4100
City: Atlanta
State: GA Zip Code: 30303
Phone Number: (813) 223-4800
Fax Number: _____
Email Address: ebatsel@stearnsweaver.com

CONTACT FOR ALL RELATED CORRESPONDENCE

Name(s): S. Elise Batsel
Address: 401 East Jackson Street, Suite 2100
City: Tampa State: FL Zip Code: 33602
Phone Number: (813) 223-4800 Fax Number: _____
Email Address: ebatsel@stearnsweaver.com

PARCEL INFORMATION

Parcel Address (List all): 3105 E. Columbus Drive; 3001, 3003, 3004, 3007 and 3010 E. 15th Avenue
Folio Number(s) (List all): 175664-0000, 175665-0000, 175666-0000, 175676-0000, 175677-0000, 175678-0000
Property Size (acres or SF): 2.28
Current Use of Land: Vacant/Warehouse Proposed Use of Land: Multi-Family
Current Zoning District: RM-16 & PD Proposed Zoning District: PD

PRE-APPLICATION AGENCY COUNSELING

****Staff signature does not guarantee accuracy or completion of application, nor approval by Tampa City Council.****

Land Dev. Coord. Planner's Name/Initials: Christopher DeManche Date Counseled: _____
Planning Comm. Planner's Name/Initials: Jennifer Malone Date Counseled: _____
To be completed by the HCCCPC Future Land Use: CMU-35 and CC-35 Is requested district consistent with Section 27-21: yes
Trans. Div. Engineer's Name/Initials: _____ Date Counseled: _____
Transportation Analysis Required w/Submittal?: _____

APPLICATION CERTIFICATION

LDC/Right-of-Way Section

Legal Description is correct & complete: _____
Approved by (ROW Staff): _____
Date of approval: _____

LDC/Zoning Section

Application/site plan is correct & complete: _____
Approved by (ROW Staff): _____
Date of approval: _____

Please check the Plat, Survey, Title Policy and all other documentation relating to your property prior to design and construction. The City of Tampa and its staff **DO NOT** review for compliance with individual private deed restrictions and covenants during permit review. The issuance of a building permit by the City of Tampa signifies that the project is in compliance with the zoning codes of the City of Tampa and City of Tampa and Florida building code. The issuance of a building permit **DOES NOT** insure compliance with private deed restrictions or covenants.

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Land Dev. Coord. Planner's Name/Initials: _____ Date Counseled: _____
Planning Comm. Planner's Name/Initials: _____ Date Counseled: _____
To be completed by the HCCCPC Future Land Use: _____ Is requested district consistent with Section 27-21: _____
Trans. Div. Engineer's Name/Initials: J. Scott Date Counseled: 10/23/2025
Transportation Analysis Required w/Submittal?: yes

APPLICATION CERTIFICATION

LDC/Right-of-Way Section

Legal Description is correct & complete: _____
Approved by (ROW Staff): _____
Date of approval: _____

LDC/Zoning Section

Application/site plan is correct & complete: _____
Approved by (ROW Staff): _____
Date of approval: _____

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Application for REZONING (REZ)

Development & Growth Management Development
Coordination
2555 E Hanna Avenue
Tampa, FL 33610
(813) 274-3100

LEGAL DESCRIPTION (use separate sheet if needed) MUST BE TYPED -- DO NOT ABBREVIATE:

Lot 10, Block 3 Map of Vedado, according to the map or plat thereof, as recorded in Plat Book 4, Page(s) 53 of the Public Records of Hillsborough County, Florida.

Lot(s) 1, 2, 3, 4 and 5, Block 3 Map of Vedado, according to the map or plat thereof, as recorded in Plat Book 4, Page(s) 53 of the Public Records of Hillsborough County, Florida.

Lot(s) 6, 7, 8 and 9, Block 3 Map of Vedado, according to the map or plat thereof, as recorded in Plat Book 4, Page(s) 53 of the Public Records of Hillsborough County, Florida.

Lot(s) 1, 2 and 3, Block 7 Map of Vedado, according to the map or plat thereof, as recorded in Plat Book 4, Page(s) 53 of the Public Records of Hillsborough County, Florida.

Lot(s) 4 and 5, Block 7, MAP OF VEDADO, according to map or plat thereof as recorded in Plat Book 4, Page 53 of the Public Records of Hillsborough County, Florida.

Together with:

ALL OF THAT CERTAIN 10 FOOT WIDE ALLEY BEING BOUNDED ON THE NORTH BY LOTS 1 THROUGH 5, BLOCK 3, AND BEING BOUNDED ON THE SOUTH BY LOTS 6 THROUGH 10, BLOCK 3, MAP OF VEDADO, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 4, PAGE 53 OF THE PUBLIC RECORDS OF HILLSBOROUGH COUNTY, FLORIDA.

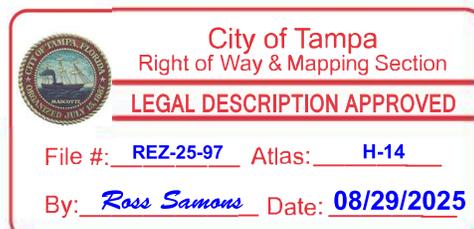
Together With:

THAT CERTAIN PORTION OF E. 15TH AVENUE BEING BOUNDED ON THE WEST BY THE EAST RIGHT-OF-WAY OF 31ST STREET, AND BEING BOUNDED ON THE EAST BY THE WEST RIGHT-OF-WAY OF YALE STREET (32ND STREET PER PLAT), MAP OF VEDADO, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 4, PAGE 53 OF THE PUBLIC RECORDS OF HILLSBOROUGH COUNTY, FLORIDA.

Together With:

THE EAST 1/2 of:

THAT CERTAIN PORTION OF 31ST STREET, MAP OF VEDADO, ACCORDING TO THE MAP OR PLAT THEREOF, AS RECORDED IN PLAT BOOK 4, PAGE 53 OF THE PUBLIC RECORDS OF HILLSBOROUGH COUNTY, FLORIDA, BEING BOUNDED ON THE NORTH BY THE SOUTH RIGHT-OF-WAY OF E. COLUMBUS DRIVE (MICHIGAN AVENUE PER SAID PLAT), AND BEING BOUNDED ON THE SOUTH BY THE NORTH LIMITED ACCESS RIGHT-OF-WAY LINE OF INTERSTATE 4 PER F.D.O.T. SECTION 10190-2450 (WPI SEGMENT 258401 1), INCLUDING THE INTERSECTION RIGHT-OF-WAY OF 31ST STREET AND E. 15TH AVENUE.



Application for Rezoning

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EXHIBIT A-1

Application Number: REZ-25-0000097
City Council District: 5
Number of Signs: _____
Signs Issued? _____ Date Issued: _____
Overlay District: _____
Local Historic District: _____
Urban Village: _____

Parcel Address (List all): 3003 E 15th Ave, Tampa FL 33605

PARTICIPATING ORGANIZATION(S) TO BE NOTIFIED **(ATTACHED ADDITIONAL SHEET IF NEEDED)**

****Participating Organization Names per http://www.tampagov.net/Zoning_Notice_WebApp/FolioSearch.aspx**
(Applicant's Responsibility to obtain and provide)**

Contact's Name(s)	Organization Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name	Contact Info			
	Contact Name	Mail To	City/State	Zip
Jackson Heights Neighborhood Associated & Crime Watch	Tate, Fran	P.O. Box 5524	Tampa, Florida	33675
Tampa Overlook Neighborhood Association	Weinel, Jackie	9415 N 16th St	Tampa, FL	33612



REZONING (REZ)

AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA

Multiple authorizations may be necessary if there is more than one property owner. APPLICATION/RECORD NUMBER:

PROPERTY (LOCATION) ADDRESS(ES): 3001 and 3003 East 15th Avenue, Tampa, Florida

FOLIO NUMBER(S) 175678.0000 and 175677.0000

"That I am (we are) the owner(s) and record title holder(s) of the property noted herein" Property Owner's Name(s):

Ruth Bolser

"That this property constitutes the subject of an application for the REZONING (REZ) to a Planned Development."

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVES OF THE CITY TO ACCESS THE PROPERTY UNDERGOING REVIEW FOR THE ABOVE REFERENCED REQUEST. IF MY PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST FROM THE CITY. I ALSO CONSENT TO THE POSTING OF A SIGN ON MY PROPERTY IF THERE IS A THIRD-PARTY SUBMITTAL OF A PETITION FOR REVIEW.

"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described application and that the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his/her(their) agent(s) solely to execute any application(s) or other documentation necessary to affect such application(s)" (if applicable).

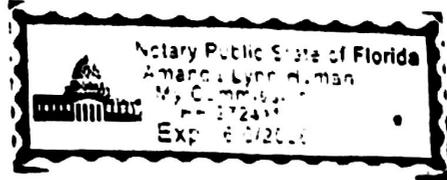
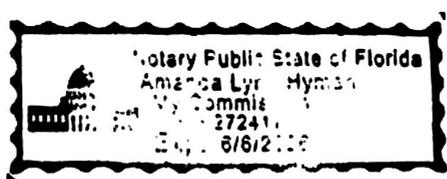
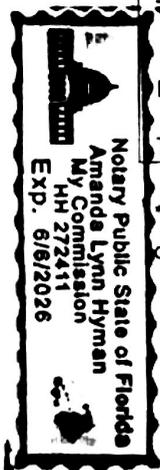
AGENT'S NAME: S. Elise Batsel, Esq. and all employees of Stearns Weaver Miller

The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter (if applicable)

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application. Both owner and agent must sign and have their names notarized.

<p>STATE of FLORIDA COUNTY of <u>Hillsborough</u></p> <p>Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this <u>26</u> day of <u>June</u>, 202<u>5</u> by</p> <p><u>Ruth Bolser</u> <u>Ruth Bolser</u> Printed Name (Owner) Signature</p> <p>Signature and Stamp of Notary Public</p> <p>Personally known or produced identification: <input checked="" type="checkbox"/> Select</p> <p>Type of identification <u>DL</u></p>	<p>STATE of FLORIDA COUNTY of _____</p> <p>Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202<u> </u> by</p> <p>_____ Printed Name (Agent) Signature</p> <p>Signature and Stamp of Notary Public</p> <p>Personally known or produced identification: <input type="checkbox"/> Select</p> <p>Type of identification _____</p>
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* If the applicant/owner is a corporation, trust, LLC, Professional Association or similar type of arrangement, please provide documentation from the corporation, trust, etc., indicating that you have the ability to authorize the application.



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2010084645

DATE ISSUED: OCTOBER 13, 2022

DECEDENT INFORMATION

DATE FILED: JUNE 28, 2010

NAME: JOHN LEROY BOLSER

DATE OF DEATH: JUNE 18, 2010

SEX: MALE

AGE: 074 YEARS

DATE OF BIRTH: MAY 12, 1936

SSN: ***-**-8994

BIRTHPLACE: WISCONSIN, UNITED STATES

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 12415 TITUS COURT

LOCATION OF DEATH: TAMPA, HILLSBOROUGH COUNTY

RESIDENCE: 12415 TITUS COURT, TAMPA, FLORIDA 33612, UNITED STATES

COUNTY: HILLSBOROUGH

OCCUPATION, INDUSTRY: SELF EMPLOYED, STRUCTURAL STEEL FABRICATOR

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: RUTHANN KIEFFER

FATHER'S NAME: HOWARD BOLSER

MOTHER'S NAME: MARGARET HENSEL

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: RUTHANN V BOLSER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 12415 TITUS COURT, TAMPA, FLORIDA 33612, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: FE4183

FUNERAL FACILITY: ADAMS & JENNINGS FUNERAL HOME
6900 N NEBRASKA AVE, TAMPA, FLORIDA 33604

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: ST ANDREWS CEMETERY
ROZELLVILLE, WISCONSIN

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 0542

CERTIFIER'S NAME: DR CHARLES C WILLIAMS JR

CERTIFIER'S LICENSE NUMBER: ME22590

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: JUNE 23, 2010

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2024507408

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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MASTER AFFIDAVIT

AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION
and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA

MULTIPLE AUTHORIZATIONS MAY BE NECESSARY IF THERE IS MORE THAN ONE PROPERTY OWNER.

APPLICATION/RECORD NUMBER: REZ 25-0000097 and VAC-25-0000015

PROPERTY (LOCATION) ADDRESS(ES): See Exhibit "A" for list of parcels included in this request
Exhibit "B" for legal description

FOLIO NUMBER(S): See Exhibit "A" for list of folio numbers included in this request

PROPERTY OWNER'S NAME(S): City of Tampa

DESIGNATED AGENT'S NAME(S): S. Elise Batsel, Stearns Weaver Miller

That this property constitutes the subject of an application for REZONING and VACATING.

The undersigned Owner hereby authorizes its designated Agent to represent the city of Tampa (the "City") and act as its agent(s) at any public hearing on this matter (if applicable) and further authorizes the Agent(s) to agree to any conditions necessary to effectuate this application.

The undersigned Agent hereby certifies that all information on the application is true and complete and authorizes and allows representatives of the City to access the property undergoing review for the above-referenced request. If the property is gated, access to the property will be provided upon request. The Owner consents to the posting of a sign on the property if there is a third-party submittal of a petition for review.

This affidavit has been executed to induce the City to consider and act on the above-described application and that the undersigned has (have) appointed and does (do) appoint the agent(s) stated herein as his (their) agent(s) solely to execute any application(s) or other documentation necessary to affect such applications, subject to the following conditions:

1. The Applications shall be processed by City staff with the Department of Development and Growth Management in the same manner as other applications and shall be heard by the City Council of the City of Tampa in the same manner as other applications considered during a quasi-judicial hearing.

2. Nothing herein shall be construed as: (i) binding or committing the City Council of the City of Tampa to approve the Rezoning Application; (ii) an indication of support by the Mayor or the Administration of the City for the Applications; (iii) an indication of support by staff with the Hillsborough County City-County Planning Commission; or (iv) an indication of support by staff with the Department of Development and Growth Management.

3. The Agent(s) shall be responsible for any and all expenses incurred in connection with the rezoning slash entitlement application

ACKNOWLEDGMENT AS OWNER:

By: Jane Castor
Name: Jane Castor, Mayor

ACKNOWLEDGMENT AS TO AGENT:

By: _____
Name: _____
Title: _____

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

THE FOREGOING INSTRUMENT was acknowledged before me by means of physical presence or online notarization. This 19th day of September, 2025, by Jane Castor, Mayor, who is personally known to me or who produced _____ as identification.

THE FOREGOING INSTRUMENT was acknowledged before me by means of physical presence or online notarization. This ____ day of _____, 2023, by _____, who is personally known to me or who produced _____ as identification.

Conchi I. Tilton
Signature of Notary
Name: Conchi I. Tilton
(Print or Type Name)
Notary Public: State of Florida
My Commission Expires: 9/6/29

Signature of Notary
Name: _____
(Print or Type Name)
Notary Public: State of Florida
My Commission Expires: _____

[AFFIX NOTARY SEAL/STAMP]

[AFFIX NOTARY SEAL/STAMP]

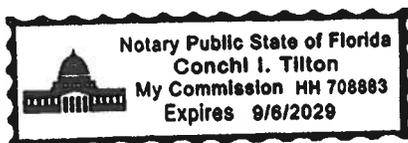


EXHIBIT A
LIST OF REZONING & VACATING PARCELS

List of Properties Included in Rezoning REZ-25-0000097

Folio No.	Address
1. 175664.0000	3105 E. Columbus Drive
2. 175665.0000	3004 E. 15 th Avenue
3. 175666.0000	3010 E. 15 th Avenue
4. 175676.0000	3007 E. 15 th Avenue

List of Properties Included in Vacating VAC-25-0000015

1. East 15th Avenue Right of Way (Between Yale Street and N. 31st Street)
2. North 31st Street Right of Way (Between E. Columbus Drive and Interstate 4)
3. 10' Alley Right of Way (Between 3105 E. Columbus Drive on the north and 3004 & 3010 E. 15th Avenue to the south)



Application for REZONING (REZ)

Development and Growth Management
Development Coordination
2555 E Hanna Avenue
Tampa, FL 33610
(813) 274-3100

Transportation Management Form

Beginning February 1, 1990, the City of Tampa began to implement the concurrency provisions of the State Growth Management Act. This form is to be utilized to monitor traffic volumes generated by development. Please complete the following information. Any application for a development permit will require this form to be completed and submitted to Development and Growth Management.

Current Use(s) of Land: _____ Proposed Special Use: _____

Structure Size or # of Units: _____ Structure Size or # of Units: _____

<p>Office Use Only:</p> <p>To be filled out by City of Tampa staff:</p> <p>Transportation staff name: _____</p> <p>Transportation staff signature: _____</p> <p>Is a Transportation analysis required? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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