## JEFFERSON COUNTY PLANNING DEPARTMENT

445 W. PALMER MILL ROAD - MONTICELLO, FLORIDA 32344

Phone (850) 342-0223 - Fax: (850) 342-0225



## COMPREHENSIVE PLAN MAP AMENDMENT

(Three copies of this application and all attachments are required)

## Applicant/Owner Information:

	Applicant/ Owner Information.				
Owner Name:					
Address:					
Phone:	*Signed letter of consent from owner required				
Location of pro	perty:				
Address	S:				
Section	: Township: Range:				
Parcel I	ID Number(s):	-			
Size of Property	r: Acres Current Land Use Map Designation:				
Requested Land	Use Map Designation:				
Provide list of p	property owners within 500 feet, certified by the Property Appraiser's Office.				
Adjacent Land U	Uses on Future Land Use Map				
North	South				
East	West				
A					
Attachments:	tial Photograph (folded to $8 1/2$ " x 11") □Legal Description				
	ed to Property Vicinity Map				
1.2	of Purpose, Scope and Justification, including (at a minimum) statements an	d			
	terial on the following:	••			
	Proposed Density and/or Intensity of Use				
	Urban Sprawl				
	Traffic Impacts and Traffic Improvements Needed**				
	Water and Wastewater System Impacts and Improvements**				
	Site Suitability				
	Stormwater/Drainage Impacts and Improvements**				
	Recreation Impacts and Improvements**				
	Solid Waste Disposal System Impacts and				
	Improvements**				
	Plan Changes Required				
NOTE: A Co	onsistency Checklist for <u>ALL</u> Comprehensive Plan Elements is required.				

\*\*Applicant's findings regarding the proposed change's consistency with applicable sections of chapter 163, Florida Statutes, and Rule 95-5, Florida Administrative Code. Applicant must include description of improvements necessary to accommodate the changes proposed, along with supporting data, analysis and proposed funding sources for the improvements.

Applicant's signature below certifies that the applicant understands that the Future Land Use Map Amendments may require environmental analysis and other permit approvals before development activity can begin. Call the Planning Office at (850) 342-0223 for more information. **Signatures:** 

Owner Personally Known	Date Produced Identifi	cation	Type of Identification Produced
Sworn to and subscribed	before me this	day of	, 20
Signature: Notary Public, Stat	e of Florida		
Other Owner Authorized	Representative	Date	
Other Owner Authorized	Representative	Date	
Personally Known	Produced Identifi	cation	Type of Identification Produced
Sworn to and subscribed	before me this	day of	, 20

Signature: Notary Public, State of Florida

FOR STAFF USE ONLY				
Fee payment (See Fee Schedule) - Attach copy of receipt.				
Date of Application and Payment				