



DEPARTMENT OF GROWTH MANAGEMENT

205 North Marion Avenue

Lake City, FL 32055

Telephone: (386) 719-5766

growthmanagement@lcfla.com

COMPREHENSIVE PLAN AMENDMENT APPLICATION

NAME OF APPLICANT(S): _____

ADDRESS: _____

TELEPHONE: _____

NAME OF APPLICANT'S AGENT (IF APPLICABLE): _____

ADDRESS: _____

TELEPHONE: _____

Complete Part I for proposed amendments to the Future Land Use Plan Map. **Complete Part II** of this application for amendments to the text of the Comprehensive Plan, which do not require a Future Land Use Plan Map amendment.

PART I

Legal Description:

Total Acreage of land to be considered under amendment: _____

Future Land Use Plan Map Category:

Present: _____

Requested: _____



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PART II

For amendments to the text of the Comprehensive Plan, please provide in the space provided below (or on separate pages to be attached and made a part herewith) the text of the proposed amendment, along with Section Number the proposed text change is to replace.



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A previous application for amendment to the Comprehensive Plan (check one):

_____ was made with respect to these premises, Application No: _____

_____ was not made with respect to these premises

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and correct to the best of my knowledge. If an agent represents the title holder(s), a letter of such designation from the title holder(s) addressed to the Community Development Administrator must be attached.

Applicant/Agent name (Type or Print)

Applicant/Agent Signature

Date

FOR OFFICE USE ONLY

Date filed: _____

Application No: _____

Fee amount: _____

Date of P&Z Board Public Hearing: _____

Date notice published: _____

Date of Local Planning Agency Public Hearing: _____

Date Notice published: _____

Date(s) of City Council Public Hearing (first): _____

Date noticed published: _____

Date Notice of Enactment of an Ordinance published: _____

City Council decision: Granted () Denied ()