FOR PLANNING USE ONLY
Application # CPA_____
Application Fee $_____
Receipt No._____
Filing Date _____
Completeness Date _____

Comprehensive Plan Amendment Application

Project Information

1. Project Name_____
2. Address of Subject Property_____
3. Parcel ID Number(s)_____
4. Existing Future Land Map Designation_____
5. Proposed Future Land Use Map Designation_____
6. Zoning Designation_____
7. Acreage_____
8. Existing Use of Property_____
9. Proposed use of Property_____

Applicant Information

1. Applicant Status ____Owner (title holder) ____Agent
2. Name of the Applicant(s)_____
   Title_____
   Company name (if applicable)_____
   Mailing address_____
   City_____State_____Zip code_____
   Telephone (___)_____Fax(__)_____
   Email_____
   PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.
3. If the applicant is agent for the property owner*.
   Property Oner Name(title holder)_____

Mailing address_____

City_____State_____Zip_____

Telephone (__)_____Fax(__)_____

Email_____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure. *Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.

Additional Information:

1. Is there any additional contract for the sale of, or options to purchase, the subject property?
   If yes, list the names of all parties involved:_____ If yes, is the contract/option contingent or absolute: ∗Contingent ∗Absolute
2. Has a previous application been made on all or part of the subject property:
   Future Land Use Map Amendment: ∗Yes _____
   ∗No_____ Future Land Use Map Amendment Application No. CPA_____
   Site Specific Amendment to the Official Zoning Atlas (Rezoning): ∗Yes _____ ∗No _____
   Site Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. _____
   Variance:∗Yes _____ ∗No _____
   Variance Application No. _____
   Special Exception: ∗Yes _____ __
   ∗No_____
   Special Exception Application No. _____

ATTACHMENT/SUBMITTAL REQUIREMENTS

3. Boundary Sketch or Survey with bearings and dimensions.
4. Aerial Photo (can be obtained via the Madison County Property Appraiser's Office).
5. Concurrency Impact Analysis: Concurrency Impact Analysis of impacts to public facilities, including but not limited to Transportation, Potable Water, Sanitary Sewer, and Solid Waste impacts. For residential land use amendments, an analysis of the impacts to Public Schools is required.
6. Comprehensive Plan Consistency Analysis: An analysis of the application's consistency with the Comprehensive Plan (analysis must identify specific Goals, Objectives, and Policies of the Comprehensive Plan and detail how the application complies with said Goals, Objectives, and Policies). For text amendments to the Comprehensive Plan, the proposed text amendment in strike-thru and underline format.
7. Legal Description with Tax Parcel Number (In Microsoft Word Format).
8. Proof of Ownership (i.e. deed).
9. Agent Authorization Form (signed and notarized).
10. Proof of Payment of Taxes (can be obtained online via the Madison County Tax Collector's Office).
11. Fee. The application fee for a Comprehensive Plan Amendment is as follows: Determined by the Scale of Comprehensive Plan Amendment.
No Application shall be accepted or processed until the required application fees been paid and determined.

NOTICE TO APPLICANT All ten (10) attachments are required for a complete application. Once an application is submitted and paid for, a completeness review will be done to ensure all the requirements for a complete application have been met. If there are any deficiencies, the applicant will be notified in writing. If an application is deemed to be incomplete, it may cause a delay in the scheduling of the application before the Planning & Zoning Board.

For submittal requirements, please see the Madison County Building and Zoning Development Application Submittal Guidelines.

THE APPLICANT ACKNOWLEDGES THAT THE APPLICANT OR AGENT MUST BE PRESENT AT THE PUBLIC HEARING BEFORETHE PLANNING AND ZONING BOARD, AS ADOPTED IN THE BOARD RULES AND PROCEDURES, OTHERWISE THE REQUEST MAY BE CONTINUED TO A FUTURE HEARING DATE.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

Applicant/Agent Name (Type or Print)_____

Applicant/Agent Signature_____
Date_____