

APPLICATION FOR AMENDMENT TO THE COMPREHENSIVE PLAN

APPLICATION NO.:	DATE FILED:
APPLICATION FEE: \$1500.00	
(plus hourly Attorney, Consulting, and Eng	gineering fees reimbursed as billed.)
Attach a complete, legible copy of the legal	l description of the property.
	ers and mailing addresses as recorded in the latest ad valorem tax records for all f the subject property (available from the Baker County Property Appraiser)
complete or incomplete and inform the I incomplete, the Developer may submit the	application, the Building Official shall determine whether the information is Developer in writing of any deficiencies, if any. If the application is deemed the required information within ten (10) working days without payment of an a ten (10) working days elapse, the Developer must thereafter initiate a new
1 Applicant's name:	
2 Applicant's address:	
3 Applicant's daytime phone number: _4 Name and address of the owner as sho	wn in the public records of Baker County:
5 Complete property address:	
6 Between streets :	and
7 Property Appraiser's real estate number	er(s):
8 Lot Sub-	odivision
9 Existing Future Land Use classificatio	n:
10. Existing property use(s):	
11. Land area (acres):	<u> </u>
12. Future Land Use classification request	red:
13. Reasons why such change in land use	classification should be made:

The Applicant, at his cost, shall post a sign on the premises involved in this application. The sign(s) shall contain the date and time of the City Commission public hearing, the application number, a concise description of the variance request, and the phone number to City Hall where all questions should be directed. The sign(s) shall be posted within five (5) days after submitting the application. The sign(s) shall not be less than eighteen (18) inches in height and twenty-four (24) inches in width. The sign(s) shall be posted on the property at intervals of not more than 200 feet along all public streets. The sign(s) shall be plainly visible, unobstructed and legible from the street. The sign(s) shall be removed within ten (10) days after final action on the application by the Board of Adjustment.

Comprehensive Plan Amendment Application Page 2		City of Macclenny
Application No		
14. Applicant is (check one): Owner	Agent	
15. APPLICATION CERTIFICATION : I, hereby the property described herein, that all answers to material attached to and made part of this applicalso attest by my signature that all required in prescribed order. Furthermore, if the package is the application will be returned for correct information.	to the questions in this application ration, are accurate and true to the formation for this application is s found to be lacking the requirer	and all information contained in the best of my knowledge and belief. I completed and duly attached in the
	Signature of Applicant	Date
STATE OF FLORIDA COUNTY OF		
Sworn and subscribed before me this day of	, 20	
Signature of Notary	Print, Type or Stamp Commissioned	
Personally Known or produced identification		
Type of Identification Produced:		_
17. OWNER AUTHORIZATION FORM: Author	ization of owner(s) if "Agent" is c	hecked on Item 12.
I hereby authorize authorizing the agent, the owner(s) attest that the app is accurate and complete.		
Signatur	re of Owner(s)	Date
STATE OF FLORIDA COUNTY OF		
Sworn and subscribed before me this day of	, 20	
Signature of Notary	Print, Type or Stamp Commissioned	
Personally Known or produced identification	1	
Type of Identification Produced:		_