

Date Submitted: _____



City of Palmetto Florida Comprehensive Plan Amendment

Check one: Text Map

PROJECT NAME: _____

Comprehensive Plan Amendment Petition Fee:	Small Scale Map Amendment (under 10 acres)	\$2,500
	All Other Amendments	\$4,000
	Total:	

OWNER INFORMATION:

Prefix	First Name	Last Name		
Suffix	Title	Organizational Name		
Address				
City		State	County	Postal Code
Home Phone	Work Phone	Fax Number	E-mail Address	

PROPERTY INFORMATION:

Property Address			
Property Size			
DPID	Section	Township	Range
Block	Lot(s)	Existing Use	
<i>Attach Additional Material if Necessary</i>			
Proposed Use:			

FILL IN ALL THAT APPLY:

County Future Land Use Classification (if applicable)	City Future Land Use Classification (if applicable)	County Zoning Classification (if applicable)	City Zoning Classification (if applicable)
Site:	Site:	Site:	Site:
North:	North:	North:	North:
South:	South:	South:	South:
East:	East:	East:	East:
West:	West:	West:	West:

Impact Analysis:

<i>Attach Additional Material if Necessary</i>

The need and justification for the Plan Amendment:

<i>Attach Additional Material if Necessary</i>

PLEASE PROVIDE WITH APPLICATION:

Please check the box to indicate that attachments are included with applica

Deed <input type="checkbox"/>	Recent Tax Bill <input type="checkbox"/>	Recent Survey (Within one Year) <input type="checkbox"/>	Owner Authorization <input type="checkbox"/>	Title Commitment <input type="checkbox"/>
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Non-refundable fees shall be paid upon filing the petition or request, and no consideration shall be undertaken until all applicable fees are paid.

Signature of Owner/Applicant _____ If representative, attach power of attorney

Applicant or an applicant's representative is encouraged to be present at the designated board meeting.

Completed by Notary Public:

State of _____ County of _____ Before me on this ____ day of _____
____, 20__ personally appeared _____, who is personally known to me or produced a
State issued Driver's License or _____ as identification, who
acknowledged to me that he/she executed this petition freely and voluntarily for the purposes herein
expressed. WITNESS, my hand and seal at said County and State, this day and year first above
written.

Notary Public Signature _____

Print Name _____

My Commission Expires _____

OFFICIAL USE ONLY:

ID	Plan Amendment ID

Does this Amendment further the goals of the Comprehensive Plan

Is this urban infill?	Date of SDR Review

The Effect of the Change on Particular Property and Surrounding

<p>List of name and address of every abutting or adjacent parcels</p>	<p>The names and addresses will be obtained from the Property Appraiser's Office, 915 4th Ave. W. in Bradenton, FL 34205. Ph: 941-748-8208 and FAX 941-742-5664, with the Data Processing Number (Parcel ID) of your property.</p>
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Public notice in Newspaper mail 15 days prior to Board meeting

Sign posted prior to Board meeting

Planning and Zoning Board Review _____

Public notice by newspaper mail 15 days prior to CC meeting

Planning and Zoning recommendation _____

Sign posted prior to Commission meeting

City Commission Review _____

City Commission Recommendation _____