



(DO NOT WRITE IN THIS SPACE, FOR OFFICE USE ONLY).

Petition No. _____

Date Application Was Received: _____

Fee Received: _____

Fee Receipt No. _____

Date Hearings Advertised: _____

Dates of Hearings: _____

COMPREHENSIVE PLAN AMENDMENT APPLICATION

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

A. PROPERTY INFORMATION

1. Address of Subject Property:

2. Parcel ID Number (s):

3. Acreage:

4. Existing Use of the Property:

5. Proposed Use of the Property:

6. Future Land Use Map Category:

7. Existing Zoning District:

8. Proposed Zoning District:

B. CURRENT OWNER INFORMATION

1. Current Property Owner:

2. Mailing Address:

3. Phone Number: _____ Email Address: _____

C. APPLICANT

1. Applicant Status: __Owner __Agent

2. Name of Applicant(s) or Contact Person(s):

Company (if applicable):

Mailing Address: _____

Phone Number: _____ Email Address: _____

D. ATTACHMENTS

An application is not complete without all requirements submitted. Incomplete applications will not be scheduled for hearings. Other items may be required depending on the request. All data and exhibits submitted with the application or at a public hearing will become part of the public record.

1. Legal description of the area proposed for an official zoning map amendment. (This can be found on a recent survey, or using Manatee County Property Appraisers Records).
2. Survey of area proposed for an official zoning amendment.
3. Proof of Ownership. (Example: Warranty deed, title)
4. Proof of payment of taxes.
5. Agent Authorization form (if applicable).
6. Fee. Please see fee schedule for fee determination. No application shall be accepted for processing until the required application fee is paid in full by the applicant.

Name of individual completing this application: _____

(Please print)

I, _____, certify that I have checked the submittal application for the content of completeness, and that the information contained herein are correct to the best of my knowledge. I am aware that the non-refundable fees shall be paid upon filing the petition or request.

Signature

County of _____

State of Florida

The foregoing instrument was acknowledged before me, by means of () physical presence or () online notarization, this _____ day of _____, 20_____ by _____ who is either personally known or produced identification.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

City of Palmetto

Affidavit of Ownership/Agent Authorization

File Number: _____

To be filled out by the property Owner

Owner Name: _____

Mailing Address: _____

Officer's Name: _____

Title: _____

Being first duly sworn, depose(s) and say(s):

1. That I am (we are) the owner's and recorded title holders(s) of the following described property legal description, to wit:

(If necessary attach the property's legal description as exhibit "A")

2. That this property constitutes the property for which a request for

_____ is being applied for to the City of Palmetto, Florida

(Type of application approval requested)

3. That the undersigned has (have) appointed and does (do) appoint

_____ as
agent(s) execute any petitions or other documents necessary to affect such petition; and
request that you accept my agent(s) signature as representing my agreement of all terms
and conditions of the approval process;

4. This affidavit has been executed to induce The City of Palmetto, FL to consider and act on the forgoing request;

5. That I (we) the undersigned authority, hereby certify the foregoing is true and correct

_____/_____

Owner's signature / Print title

_____/_____

Owner's signature / Print Title

To be filled out by a licensed Notary Republic

County of _____

State of Florida

The foregoing instrument was acknowledged before me, by means of () physical presence or () online notarization, this _____ day of _____, 20_____ by _____ who is either personally known or produced identification.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE