

COMPREHENSIVE PLAN AMENDMENT COMPLETENESS / SUFFICIENCY GUIDE

1. The property owner's name, address, and telephone number.
2. The applicant's name, address, and telephone number.
3. Property record card.
4. Street address and legal description of property.
5. Owner's Affidavit.
6. Applicant's Affidavit.
7. Surrounding property owners list.
8. Application fee.
9. A statement describing any changed conditions that would justify an amendment.
10. A statement describing why there is a need for the proposed amendment.
11. A statement describing whether and how the proposed amendment is consistent with the Lake County Comprehensive Plan.
12. A statement outlining the extent to which the proposed amendment:
 - a. is compatible with existing land uses
 - b. affects the capacities of public facilities and services
 - c. affects the natural environment
 - d. will result in an orderly and logical development pattern
13. If the application is an amendment to the Future Land Use Map, the applicant shall include:
 - a. the current land use district classification and existing land use activities of the property proposed to be reclassified
 - b. the area of the property proposed to be reclassified, stated in square feet or acres
14. Has a decision or recommendation denying a proposed amendment to the Lake County Comprehensive Plan been considered by the Board of County Commissioners and the Planning Commission within a period of one (1) year from the date of the application?
15. Exempt from statutory limitation of not more than two (2) amendments per calendar year?
16. Such other information or documentation as the County may deem necessary or appropriate for a full and proper consideration and disposition of the particular application.

NOTE: A determination of completeness/sufficiency does not suggest support or denial of a proposal.

APPLICATION FOR COMPREHENSIVE PLAN AMENDMENT

Date: _____

Name of Property Owner: _____

Phone: _____

Address: _____

Name of Applicant: _____

Phone: _____

Address: _____

Relationship to Owner: _____

Type of Amendment: Map Amendment _____ Text Amendment _____

TEXT AND FUTURE LAND USE MAP AMENDMENTS

Include a summary of the proposed amendment content and effect (include statements describing any changed conditions that would justify the proposed amendment and why there is a need for the proposed amendment).

Is the proposed amendment applicable to the Green Swamp Area of Critical State Concern?

Yes _____ No _____

Does the proposed amendment apply to the Wekiva River Protection Area pursuant to Chapter 369, Part III, Florida Statutes?

Yes _____ No _____

Is the proposed amendment exempt from the twice per calendar year limitation?

Yes _____ No _____

If yes, is the proposed amendment:

- _____ Directly related to a Development of Regional Impact (DRI) pursuant to Chapter 380, Florida Statutes, including changes which are determined to be substantial deviations and Florida Quality Developments.
- _____ Directly related to proposed small scale development activities pursuant to Subsection 163.3187(1)(c), Florida Statutes.
- _____ An emergency as defined in Subsection 163.3187(1)(a), Florida Statutes. In the case of an emergency, the transmittal of the amendment must be unanimously approved by the Lake County Board of County Commissioners.

Is the amendment proposed to be adopted under a joint planning agreement pursuant to Section 163.3171, Florida Statutes?

Yes _____ No _____

FUTURE LAND USE MAP AMENDMENTS ONLY

Legal Description:

Attach proof of the fee-simple Title Holder(s) of the property (Recorded Warranty Deed & Current Property Record Card).

Applicant Must Include The Following:

1. A map identifying the proposed Future Land Use Map designation of the subject property; the boundary of the subject property and its location in relation to the surrounding street and thoroughfare network.
2. A map identifying the present land use designation(s) of the subject property and abutting properties on the Future Land Use Map.
3. The size of the subject property in acres or fractions thereof:
Upland _____ Wetland _____ Water _____ Total _____

- 4. A description of the availability of and the demand on the following public facilities; sanitary sewer, solid waste, drainage, potable water, traffic circulation, and recreation, as appropriate:

- 5. Information regarding the compatibility of the proposed land use amendment(s) with the Future Land Use Element goals, objectives and policies, and those other affected Comprehensive Plan Elements:

- 6. Information regarding the compatibility of the proposed land use amendment(s) with existing land uses, including the natural environment, and how the proposed amendment will result in an orderly and logical development pattern: _____

SURROUNDING PROPERTY OWNER'S LIST

Lake County will, using the official County Tax Rolls located in the Office of the Property Appraisers, compile a list of the complete names and mailing addresses of all Property Owners located within five hundred (500') feet of the property and send a mailing directly to them notifying them of the requested change.

OWNER'S AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF LAKE)

Before me, the undersigned authority personally appeared _____, who being by me first duly sworn on oath, deposes and says:

1. That (he) (she) is the fee-simple owner of the property legally described on Page Three of this Application.
2. That (he) (she) desires a Future Land Use Map Amendment from _____ to _____, for the property legally described on Page Three of this Application.
3. That the owner of said property has appointed _____ to act as agent in their behalf to accomplish the above.

The Owner is required to complete the APPLICANT'S AFFIDAVIT of this application if no agent is appointed to act in his stead.

Affiant (Owner's Signature)

State of Florida

County of Lake

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who had produced _____, as identification and who did ___ or did not _____ take an oath.

Notary Public (Signature)

(SEAL)

Print or Type Notary Name

Commission (seal) Number _____

My Commission Expires: _____

APPLICANT'S AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF LAKE)

Before me, the undersigned authority personally appeared _____, who being by me first duly sworn on oath, deposes and says:

1. That (he) (she) affirms and certifies that they understand and will comply with all Ordinances, regulations and policies of Lake County, Florida, and that all statements and diagrams submitted herewith are true and accurate to the best of (his) (her) knowledge and belief, and further, that this application and attachments shall become part of the Official Records of Lake County, Florida, and are **NOT RETURNABLE**.
2. That (he) (she) desires a Future Land Use Map Amendment from _____ to _____, for the property legally described on Page Three of this Application.
3. That the submittal requirements for the application have been completed and attached hereto as part of the application.

Affiant (Applicant's Signature)

State of Florida

County of Lake

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who had produced _____, as identification and who did ___ or did not _____ take an oath.

Notary Public (Signature)

(SEAL)

Print or Type Notary Name

Commission (seal) Number _____

My Commission Expires: _____