

City of Winter Haven

Application to Amend Future Land Use Map

For Official Use Only:

Date Received: _____ Fee Received: _____
Received By: _____ Receipt Number: _____
Case Number: _____ Meeting Date: _____
Large Scale or Small Scale Amendment: _____

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone Number: _____

Name of Agent (if applicable): _____

Mailing Address: _____

Phone Number: _____

Interest in Property: _____

Type of Future Land Use Requested: _____

LOCATION OF PROPERTY

Address: _____

Parcel Identification Number (18 digit property tax account number): _____

Legal Description (if not enough space, please attach): _____

Total Acreage: _____

Present Future Land Use Designation: _____

Present Zoning: _____

Present Use of the Property: _____

Existing Structures on Site: _____

If Structure is Vacant, For How Long: _____

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Amendment Information

Maximum Allowable Density under Adopted Land Use Designation: _____

Maximum Allowable Density under Proposed Land Use Designation: _____

Is a Project Planned for Next 2 Years: _____

If Yes, Please Describe Project (types of uses, number of units/square footage, etc.): _____

What is the Development's Schedule, Will it be Phased: _____

SITE INFORMATION

1. Analysis of soils on site in regards to suitability for development: _____

2. Analysis of flood prone areas on the site in regards to suitability for development: _____

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3. Analysis of vegetation on site in regards to suitability for development: _____

4. Analysis of threatened and endangered species on site in regards to suitability for development:

5. Analysis of any historic/archaeological resources on site in regards to suitability for development:

6. Analysis of the amendment in regards to adopted Levels of Service in the Comprehensive Plan:

7. Justification of request in regards to consistency with the Comprehensive Plan: _____

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Required Attachments

1. General location map.
2. Soils map of the project area.
3. Flood map of the project area.
4. Map showing vegetative communities in the project area.
5. Map showing habitat for endangered/threatened species in the project area.
6. Utilities map for the project area.
7. Copies of impact statement, if applicable.

Ownership signature

STATE OF FLORIDA:
COUNTY OF POLK:

(I)(WE) _____
being duly sworn, depose and say that (I) (WE) own one or more of the properties involved in this petition and that (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission with respect to preparing and filing this petition and that the foregoing statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____ SIGNED: _____
SIGNED: _____ SIGNED: _____

STATE OF FLORIDA:
COUNTY OF POLK:

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

SIGNATURE OF NOTARY PUBLIC

TYPED OR PRINTED NAME OF NOTARY PUBLIC

NOTARY PUBLIC SERIAL #, IF ANY

STAMP & MY COMMISSION EXPIRES: _____

Agent, lessee, or buyer signature

STATE OF FLORIDA:
COUNTY OF POLK:

(I)(WE) _____
being duly sworn, depose and say that (I) (WE) serve as _____ for the owner(s) in
AGENT or LESSEE

making this petition and that the owner(s) has(have) authorized (me) (us) to act in this capacity. (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission with respect to preparing and filing this petition and that the foregoing statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF FLORIDA:
COUNTY OF POLK:

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