

CITY OF BROOKSVILLE, FLORIDA



PETITION FOR COMPREHENSIVE PLAN AMENDMENT

DATE _____

FILE # _____

Please print or type all information.

PROPERTY OWNER(S)

Name: _____

Mailing Address: _____

Telephone Nos: _____

Email: _____

APPLICANT(S)

Name: _____

Mailing Address: _____

Telephone Nos: _____

Email: _____

AGENT

Name: _____

Mailing Address: _____

Telephone Nos: _____

Email: _____

General Information

Subject Property Location and/or Address: _____

Legal Description: _____

Tax Parcel # _____ Parcel Key # _____

Highway/Street Boundaries: _____

TOTAL SITE ACREAGE: _____

Land Use & Zoning Information

Present Zoning/Land Use Map Designation: _____

Proposed Land Use Map Designation: _____

For All Development:

Flood Zone: _____

Residential Development:

Total # Units: _____ Single Family: _____ Multi-Family: _____

Non Residential Development:

Total Non-Residential Floor Area: _____

Commercial _____

Office/Professional _____

Industrial _____

Mixed Use _____

Description of Existing Land Uses on the subject property:

Description of Existing Land Uses on surrounding the subject property:

Proposed Use of the subject property (development description, schedule, and phases):

Maximum allowable density/intensity under adopted future land use map designation:

Maximum allowable density/intensity under proposed future land use map designation:

Analysis of Soils and topography on the site:

Analysis of flood prone areas on the site:

Analysis of vegetation and natural resources on the site:

Analysis of historical/archaeological resources on the site:

Analysis of the relationship of the amendment to adopted population projections:

Analysis of the impact of amendment on the following levels of service -

Traffic:

Potable Water:

Sanitary Sewer:

Drainage:

Solid Waste:

Parks and Recreation:

Submittal Requirements

*The following **MUST** be furnished with this application:*

1. Application Form
2. Narrative
3. Vicinity map
4. Plat map showing adjacent properties
5. List of Property Owners' addresses within 150 feet of subject property. (Obtain from Property Appraiser, fee charged)
6. List of Property Owners' addresses within 150 to 300 feet of subject property (Obtain from Property Appraiser, fee charged)
7. Signed and sealed survey
8. Justification for analysis responses (i.e., computations, copies of original analyses, etc.)
9. Proof of Ownership (Warranty Deed, Title Certification, etc.)

Application fee(s):

Comprehensive Plan Amendments: (Fee Resolution 2018-01)

Text Amendment (\$750.00 + Admin. Costs).....\$_____

Map Amendment (\$750.00+ Admin. Costs).....\$_____

Voluntary Annexation.....\$ No Fee

Advertising Fee (to be billed to petitioner by newspaper).....\$ _____

Certified Letters (Postage+\$1.00 per letter-Admin. Costs).....\$ _____

AFFIDAVIT TO AUTHORIZE AGENT

I/we, _____, the owner(s) in fee simple of the below described real property hereby appoint _____ as my (our) agent to file any and all petitions, sign required documents, make representations as to the issues of fact and to appear, as may be necessary, before the appropriate City of Brooksville authority. The authorized agent shall also have the authority to commit myself as the Owner(s) to the necessary future performance conditions as may be directed by the appropriate City authority as a condition of granting my petition.

Tax Parcel # _____ Parcel Key # _____

Date: _____ Owner: _____
Signature

Print

Owner: _____
Signature

Print

State of _____
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, A.D. 20____ by _____, who is personally known to me or who has produced _____ as identification.

Notary Public

Notary Seal or Stamp

OWNER /OWNER’S AGENT AFFIDAVIT

I (we), the undersigned, certify ownership of the property within this application, that said ownership has been fully divulged, whether such ownership be contingent or absolute, and that the name of all parties to an existing contract for sale or any options are filed with this application. It is understood that this application must be complete and accurate and the fee paid prior to processing.

Tax Parcel # _____ Parcel Key # _____

Date: _____ Owner or Owner’s Agent: _____

Signature

Print

Owner or Owner’s Agent: _____

Signature

Print

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, A.D. 20____ by _____, who is personally known to me or who has produced _____ as identification.

Notary Public

Notary Seal or Stamp