



Comprehensive Plan Amendment Application
St. Johns County Growth Management Services Department
4040 Lewis Speedway
St. Augustine, Florida 32084

Phone (904) 209-0675 E-mail: plandept@sjcfl.us

This application, together with ALL REQUIRED EXHIBITS and application fee, should be completed and filed with the Development Review Division prior to the established filing deadline for the public hearings before the Planning and Zoning Agency and Board of County Commissioners. A COMPREHENSIVE PLAN AMENDMENT DOES NOT ENTITLE THE APPLICANT TO A DEVELOPMENT PERMIT OR CERTIFICATE OF CONCURRENCY.

File No. _____ Fee _____ Date _____

Property Owner(s) _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____ Email _____

Are there any owners not listed ☐ No ☐ Yes If yes please list on separate sheet to be included with your application

Applicant _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____ Email _____

Type of Request This is a request to amend the **St. Johns County Comprehensive Plan as follows:**

☐ Text Amendment (Sign certification statement and attach additional pages as necessary)

Element _____ Goal, Objective or Policy # _____ Page _____

☐ Future Land Use Map Amendment (Complete the following sections)

Existing Future Land Use Map Designation _____ Zoning _____

Proposed Future Land Use Map Designation _____ Zoning _____

Location/Description: Property Appraiser's Parcel Identification No. _____

Street Address/Location _____

Total Acreage _____ Overall Dimensions _____ Flood Zone _____

Adjacent Future Land Use Designation North: _____ South: _____ East: _____ West: _____

Wetlands: Yes: ☐ No: ☐ Type: _____ Acres: _____

Soil Associations: _____

Provide brief description of existing property. Include existing land cover and uses, any existing structures, infrastructure.

CONSISTENCY WITH COMPREHENSIVE PLAN (attach separate pages):

1. Provide justification/reasons for not developing in designated development areas as shown on Future Land Use Map. Include economic reasons and, if available, market study.
2. Provide information regarding the consistency of the proposed land use amendment with the adopted Future Land Use Element objectives and Policies and any other relevant section of the Comprehensive Plan. Also address consistency with the Strategic Regional Policy Plan and the State Comprehensive Plan.

ESTIMATED IMPACT ON THE AVAILABILITY OF PUBLIC FACILITIES:

3. Describe how property is to be developed. Include phasing, uses and estimates of (a) number and type of dwelling units; (b) square feet and type of commercial/industrial uses; (c) open space and recreational area; (d) buffers; (e) wetlands; (f) drainage and infrastructure areas; and (g) other uses and sizes. Account for all acres. Provide phasing dates and anticipated buildout.
4. (a) The project will use: ☐ public sewer or ☐ private sewer or ☐ septic tank.
(b) The project will use: ☐ public water or ☐ private water or ☐ private well.
5. (a) Will the project build its own water plant? ☐ Yes ☐ No
(b) Will the project build its own sewage plant? ☐ Yes ☐ No
6. If public or private utilities are to provide services, attach letters from the utility company or companies stating whether the utility company anticipates the availability of capacity to service the project through all phases.

7. Estimated Water and Sewage Demand:

	Phase (Years)	Use	GPD	Peak
Water				
Sewage				
Water Utility	Name:		Address:	
Sewer Utility	Name:		Address:	

8. Describe anticipated drainage system:**9. Estimate the Solid Waste Demand by 5.7 pounds per person per day or by use. Indicate methodology:**

Phase (Years)	Number of People or Use	Pounds per Day

10. Estimate the Transportation Disadvantaged Van Services Demand by applying 1.5 percent times the number of Dwelling Units times 2.75 Persons Per Unit. (Only applies to residential developments.)

Phase (Years)	demand = Dwelling Units X 2.75 Persons Per Unit X 0.015

11. Estimate the Recreation and Open Space Demand of residential projects by applying the following formulas:

- (a) Number of Dwelling Units X 2.75 Persons Per Unit X 5 Acres Per 1,000 Population for Neighborhood/Community Park Recreation, by phase:

- (b) Number of Units X 2.75 Persons Per Unit X 24 Acres per 1,000 Population for Regional/Open Space, by Phase.

12. Traffic – Estimate Average Weekday Peak Hour Trips by phase by number of dwelling units and square feet of each on-residential use using the trip generation rates from the latest edition of the Institute of Transportation Engineers *Trip Generation Manual*.

Phase (Years)	Dwelling Units or Square Feet of Each Use	Trips

13. Estimate the area of impact using the *Traffic Impact Methodology and Procedures* contained in Appendix A of the **Land Development Code** and estimate the impacts on the Levels of Service on the segments within the Area of Impact by Phase. ATTACH CALCULATIONS (staff will complete for up to 29.99 peak hour trips).

Phase Years)	Road Segment #	Existing LOS	Project Trips	LOS with Project & Background Traffic by Phase End

REQUIRED EXHIBITS: (MUST BE SUBMITTED IN THIS ORDER)

- Owner's Authorization for Agent Form. All persons listed on the deed, purchase agreement, title opinion or other acceptable proof of ownership must complete an Owners Authorization.
- Proof of ownership (copy of deed or purchase agreement, and title opinion).
- Legal description and tax identification number.
- General location map with subject property clearly identified.
- Property Appraiser's Map with identification of subject property, zoning, and Comprehensive Plan Land Use Designation within 300 feet of property.
- Comprehensive Plan Future Land Use Map with subject property clearly identified.
- Most recent aerial of site showing property boundaries.
- Copy of soils map showing property boundaries.
- Generalized site plan with uses, phases (Question 3).
- Water and Sewer Utility letter, if applicable (Question 6).
- One (1) copy of application and exhibits.

NOTE: On each map include north arrow, property outline, name of person or firm who prepared the map, date of map preparation, and source of the map.

I HEREBY CERTIFY THAT ALL INFORMATION IS CORRECT:

Signature of owner(s) or authorized person if Owner's Authorization Form is attached:

Printed or typed name(s): _____

Signature(s): _____

NAME AND ADDRESS OF PERSON TO RECEIVE ALL CORRESPONDENCE REGARDING THIS APPLICATION:

Name: _____

Mailing Address: _____

Phone: _____ FAX: _____ E-mail: _____

State of Florida County of St. Johns

The foregoing instrument was acknowledged before me by means of physical presence ____ or online notarization ____

this ____ day of _____, 20____, by _____ as _____

for _____.

Notary Public, State of Florida

Name _____ # _____ Oath sworn: Yes _____ No _____

Notary Signature _____ My Commission expires: _____