



Comprehensive Plan Amendment Pre-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 at least five (5) working days prior to the established pre-application meeting.

File No. _____ 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, Objection 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.

Provide general description of how property is to be developed. Include uses and estimates of: number and type of dwelling units; square feet and type of commercial/industrial uses; open space, recreational areas; buffers; wetlands; drainage and infrastructure areas; other uses and sizes. Account generally for all acres. Provide estimated phasing dates and anticipated buildout.

ESTIMATED IMPACT ON THE AVAILABILITY OF PUBLIC FACILITIES:

1. (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.
2. (a) Will the project build its own water plant? ☐ Yes ☐ No
(b) Will the project build its own sewage plant? ☐ Yes ☐ No
3. Will the project public/private utilities? If yes, provide name of Utility Company.

REQUIRED EXHIBITS: (MUST BE SUBMITTED IN THIS ORDER)

1. 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.
2. Proof of ownership (copy of deed or purchase agreement, and title opinion).
3. Legal description and tax identification number.
4. General location map with subject property clearly identified.
5. Property Appraiser's Map with identification of subject property, zoning, and Comprehensive Plan Land Use Designation within 300 feet of property.
6. Comprehensive Plan Future Land Use Map with subject property clearly identified.
7. Most recent aerial of site showing property boundaries.
8. Copy of soils map showing property boundaries.
9. Generalized site plan with uses, phases as described above.
10. 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: