



FUTURE LAND USE MAP AMENDMENT APPLICATION

Planning

Date:		Case #:	
Property Information:			
Jurisdiction (Check as appropriate. If also requesting annexation, check 'City')		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Both	
Development Tier:		Associated with Zoning Map Change? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PID (six digit number):	Current FLUM Designation	Proposed FLUM Designation	Acreage
Applicant Information:			
Name:		Company:	
Phone:		Email:	
Mailing Address:			
Signature:			
Agent Information (if applicable):			
Name:		Company:	
Phone:		Email:	
Mailing Address:			
Signature:			
Owner Information: (For multiple owners, attach additional sheet(s))			
Name:		Firm:	
Phone:		Email:	
Mailing Address:			
Signature:			

Application Checklist:

Application Item:	Applicant/Agent Initial	Staff Initial
Application		
Pre-submittal Conference Documentation		
Legible Map of proposed Plan Amendment Area		
Documentation of Neighborhood Meeting Materials:	<input type="checkbox"/> Meeting Letter <input type="checkbox"/> Labels <input type="checkbox"/> Sign-In Sheet <input type="checkbox"/> Summary	<input type="checkbox"/> Meeting Letter <input type="checkbox"/> Labels <input type="checkbox"/> Sign-In Sheet <input type="checkbox"/> Summary
Justification Statement, based upon criteria found in UDO subsection 3.47		
Digital Copy of All Materials		
Application Fee		

Each item on this page must be initialed by the Applicant and/or Agent, indicating that the item is part of the submittal package, is complete, and the information is accurate. Items not applicable to the request, as indicated by staff, may be marked as 'N/A'.

A submittal package with items not initialed, or otherwise incomplete or inaccurate, will not be accepted. An application shall be considered to have been accepted for review only after it has been determined to be complete in accordance with Section 3.2.4 of the Unified Development Ordinance, not upon submission to the Planning Department.

I, the undersigned, acknowledge that the application is complete and that all information included is accurate to the best of my knowledge:

Signature

Date

Printed Name