



**Department of Economic and Development Services
Planning & Zoning Division**

P.O. Box 1366, Green Cove Springs, FL 32043

Phone: (904) 284-6300

www.claycountygov.com



Pre-Application Meeting Date:		CAC Meeting Date (if applicable):
Date Rec:	Received By:	IMS #:

Amendment to the Comprehensive Plan Application

Owner's Name:		If the property is under more than one ownership please use multiple sheets.
Owner's Address:		
City:	State:	Zip Code:
Phone:	Email:	

Parcel Information

Parcel Identification Number Including Section, Township and Range:		
Address:		
City:	State:	Zip Code:
Current Land Use:	Proposed Land Use:	
Total Acreage:	Adjacent Land Use North:	
Adjacent Land Use South:	Adjacent Land Use East:	
Adjacent Land Use West:		

Required Attachments

Agents Authorization Attachment A-1 Aerial Photograph (folded to 8 ½" x 11")	Owner's Affidavit Attachment A-2 Property Deed(s)	Legal Description Attachment A-3 Survey
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Statement of Purpose, Scope and Justification (at a minimum) statements and supporting material of the following:

- Proposed Density and/or Intensity of Use
- Recreation Impacts and Improvements**
- Stormwater / Drainage Impacts and Improvements**
- Water and Wastewater Impacts and Improvements**
- Urban Sprawl
- Traffic Impacts and Improvements**
- Solid Waste Impacts and Improvements**
- Site Suitability

**Please include description of improvements necessary to accommodate the proposed changes, as well as supporting data and proposed funding sources.

Fees: Large Scale Amendment: \$2500.00 + \$5.00 per acre or fraction thereof
Text Amendment: \$2,500.00 Small Scale Amendment \$1,500.00

Notices

The required SIGN(S) must be POSTED on the property BY THE APPLICANT 15 days in advance of the date of the first required public hearing. The sign(s) may be removed only after final action of the Board of County Commissioners and must be removed within ten (10) days of such action. The applicant must also pay for the required public notice stating the nature of the proposed request which is required to be published in an approved newspaper AT LEAST 10 DAYS IN ADVANCE OF THE PUBLIC HEARING. Advertising costs are paid by the applicant directly to the newspaper and the applicant must furnish PROOF OF PUBLICATION to the Planning and Zoning Division, prior to the public hearing.

Hearings are held in the County Commission Chambers on the Fourth Floor of the Clay County Administration Building, 477 Houston Street, Green Cove Springs, Florida. You or your authorized agent **must be present**. If there are members of the public who wish to testify regarding your petition, they are normally allowed three (3) minutes.

If you decide to appeal any decision made by the Board of County Commissioners with respect to any matter considered at your comprehensive plan amendment hearing, you will need a record of the proceedings at your expense, and for such purpose you should ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

The Florida Times Union will be publishing your comprehensive plan amendment legal notices. You must pre-pay your legal advertisement fees. An affidavit must be paid before receiving proof of publication. Should a petition be withdrawn, legal advertising already published will not be refunded.

Owner(s) / Authorized Agent Signature

Owner(s) / Authorized Agent Signature

State of Florida
County of Clay

The foregoing affidavit was sworn and subscribed before me this _____ day of _____
(month), _____ (year) by _____, who is personally known to me
or has produced _____ as identification.

Notary Signature



Clay County Comprehensive Plan Amendment Agent Authorization Affidavit – Attachment A-1

Date:

Clay County Board of County Commissioners

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366

Green Cove Springs, FL 32043

To Whom it May Concern:

Be advised that I am the lawful Owner of the property described in the provided legal description attached hereto. As the Owner, I hereby authorize and empower

whose address is:

Phone:

Email:

to act as agent for a comprehensive plan amendment for the property located at (address or Parcel ID):

and in connection with such authorization to file such applications, papers, documents, requests, and other matters necessary for such requested change.

Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

Printed Name of Owner:

Sworn to and subscribed before me this ____ day of _____ A.D. 20 _____

Personally known _____ or produced identification.

Type of identification produced _____ and number (#): _____

Signature of Notary

Date:

SEAL

Clay County Comprehensive Plan Amendment Property Ownership Affidavit – Attachment A-2

Date:

Clay County Board of County Commissioners

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366

Green Cove Springs, FL 32043

To Whom it May Concern:

Be advised that I am the lawful Owner of the property described in the provided legal description attached hereto. I give full consent to process the application for comprehensive plan amendment.

Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

Printed Name of Owner:

Sworn to and subscribed before me this ____ day of _____ A.D. 20 _____

Personally known _____ or produced identification.

Type of identification produced _____ and number (#): _____

Signature of Notary

Date:

SEAL

Legal Description – Attachment A-3