

COUNTY STAFF DATA ONLY

Date Received:

Amendment #:



1-B East Jefferson Street, Post Office Box 1799, Quincy, FL 32353-1799

Phone (850) 875-8663 Fax (850) 875-7280

E-mail: planning@gadsdencountyfl.gov Web site: www.gadsdengov.net

APPLICATION FOR COMPREHENSIVE PLAN TEXT AMENDMENT

The application must be submitted 45 days prior to the public hearing to allow review for completion and to meet legal advertisement requirements for public notice.

APPLICANT INFORMATION:

Applicant _____

Business Name (entity): _____

Address: _____

Telephone Number: _____ Cell Phone: _____

E-Mail Address: _____

A notarized *Affidavit to Represent* is required to authorize a representative to act on the applicant's behalf.

Authorized Representative: _____

Telephone Number: _____ Cell Phone: _____

E-Mail Address: _____

PROPOSED TEXT AMENDMENT:

Identify the Comprehensive Plan language (e.g. Goal, Policy or Objective) that is proposed for amendment. Identify below or as an attachment the text that is proposed to be changed. (~~Strike thru~~ and ad format is recommended.) Include the Comprehensive Plan Element Name, goal, policy, objective, and/or section. Indicate if the required information is provided as an attachment. Address consistency with existing goals, policies and objectives of the Comprehensive Plan.

SUBMITTAL REQUIREMENTS - Please provide the following:

- Fee (\$1,000). Checks to be made out to the Gadsden County Board of County Commissioners.
- A narrative and description of proposed text amendment. Attach all pertinent support data and related studies.
- The existing text (wording) that is proposed for change. (Include element name, name of the goal, policy, objective, and/or section, & page #.)
- The requested text amendment (~~Strike thru~~ and **ad format** is recommended.).
- A statement of the problem that is to be addressed by the requested amendment.
- A statement of the intended effects and positive benefits of this request on the County.
- Findings/support data regarding the proposed amendment request.
- Verification that a pre-application conference has been held.
- Three (3) printed copies of the signed application & support documentation; And, eleven (11) copies of all materials and a copy of application in .pdf form.

CERTIFICATION:

I understand that the application must be submitted 45 days prior to the public hearing to allow review for completion and to meet the legal advertisement requirements for public notice.

_____ I am the applicant.

_____ I am the Authorized Representative of the Applicant

(See attached Authorization to Represent).

I declare that I have read said application and that all plans, sketches, data and matter attached to and made a part of said application are honest and true to the best of my knowledge and belief. I understand that by signing this document, I am giving the County and/or representative thereof the authority to duplicate, disseminate, and reproduce any and all items submitted as part of this request, whether copyright protected or not. And that, upon submission said application and documents, as well as all correspondence, become a matter of public record.

Signature of Applicant or Authorized Representative

Date

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, in the State of _____, County of _____ by _____ who is personally known to me, or who has produced identification and who did (did not) take an oath.

NOTARY PUBLIC

SEAL

Notary Signature

Notary Printed Name