

# APPLICATION FOR AMENDMENT TO THE COMPREHENSIVE PLAN

**Jackson County Board of County Commissioners**  
Visit our web site:  
[www.jacksoncountyfl.net/community-development](http://www.jacksoncountyfl.net/community-development)



**Community Development Department**  
4979 Healthy Way, Suite B, Marianna, FL 32446  
Phone: (850) 482-9637 Fax: (850) 482-9846

**Property Owner(s)**

as written on deed:

Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Contact Ph. 1 \_\_\_\_\_  
Contact Ph. 2 \_\_\_\_\_  
Fax No. \_\_\_\_\_

**Authorized Agent as  
per authorization form:**

Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Contact Ph. 1 \_\_\_\_\_  
Contact Ph. 2 \_\_\_\_\_  
Fax No. \_\_\_\_\_

**NOTE:** A pre-application conference with the Jackson County Community Development Department shall be completed prior to filing this application. It will be determined at this point if the review will be Expedited or State Coordinated. Please contact our office to schedule a meeting.

**Select Type of Amendment Requested:**

☐ **Small Scale Map (up to 10 acres)**

**Fee: \$750.00 Total** (\$500.00 Non-refundable Application Fee and \$250.00 Advertising Fee)

*Additional environmental studies required if conservation or wetlands areas could be impacted by proposal*

☐ **Comprehensive Plan Map (more than 10 acres)**

☐ **Text**

**Fee: \$2,500.00 Total** (\$1,500.00 Non-refundable Application Fee and \$1,000.00 Advertising Fee)

**The applicant shall provide the following information:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Paper copy required  | <input type="checkbox"/> 1 Electronic copy required     |
| <input type="checkbox"/> Parcel acreage size: _____   | <input type="checkbox"/> Proposed change acreage: _____ |
| <input type="checkbox"/> Notarized Agent Authorization Form(s) if applicant is not the owner      |   |
| <input type="checkbox"/> Additional information as denoted on attached Checklist and Instructions |   |
| <input type="checkbox"/> Tax Identification Number: _____   |   |

**DEPARTMENTAL USE:**

FEES	Yes	No
PAID:		
RECEIPT #		
DATE:		
INITIALS		

**MEETINGS**

PLACE	DATE	TIME
Comm Develop		
Planning Comm		
BOCC		

**Requested Future Land Use Designation for Map Changes**

**Please check one of the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Agricultural 1 | <input type="checkbox"/> Industrial 1           |
| <input type="checkbox"/> Agricultural 2 | <input type="checkbox"/> Industrial 2           |
| <input type="checkbox"/> Commercial     | <input type="checkbox"/> Public                 |
| <input type="checkbox"/> Conservation   | <input type="checkbox"/> Recreational           |
| <input type="checkbox"/> Greenway       | <input type="checkbox"/> Residential            |
| <input type="checkbox"/> MUUT           | <input type="checkbox"/> Rural Mobile Home Park |

**APPROVAL**

Applicant's signature below certifies that the applicant understands that the Future Land Use Map Amendment application process **is not approval of development** and does not become effective until **a minimum of 31 days after approval** by the Board of County Commissioners. Environmental analysis and/or other permit approvals may be required before development activities can begin. To continue the development process additional applications will be necessary. Contact our office for additional information.

	Yes	No
APPROVED		
Expedited		
State Coord		
DATE:		
INITIALS		

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Ref ID#

Revision 06/28/17

# AGENT AUTHORIZATION FORM

For Projects Located in Jackson County, Florida

Jackson County Board of County Commissioners

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## APPLICATION REQUEST (Check one item below.)

<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Residential Development Order
<input type="checkbox"/> General Development Order	<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Home Based Occupation	<input type="checkbox"/> Road Abandonment
<input type="checkbox"/> Junk Yard Permit	<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Mobile Home Park	<input type="checkbox"/> Subdivision Platting
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Temporary Use Permit
	<input type="checkbox"/> Wireless Facility

## PROPERTY LEGAL DESCRIPTION (If applicable)

Parcel Number:			
Location Address:			
City:	Subdivision:		

## AUTHORIZATION

**NOTE:** If the property is owned by a corporation or multiple owners then documentation certifying the signing individual's authority is required. Multiple signatures may be required if deemed necessary upon application. Additional signature form(s) provided upon request.

<input type="checkbox"/>	See attached page(s) for more signatures. Number of pages excluding authorization form:	<input type="text"/>
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I/we \_\_\_\_\_  
(Owner's name as written on deed)

owner(s) of the above described property do hereby authorize to act as my/our agent

\_\_\_\_\_ for the purpose of making application for  
(Print agent's name)

the proposed request and to act as our agent in matters pertaining to the application.

_____ Owner Signature	_____ Printed Name
--------------------------	-----------------------

_____ Owner Signature	_____ Printed Name
--------------------------	-----------------------

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
by \_\_\_\_\_, who is personally know to me or has provided  
\_\_\_\_\_ as identification and did not take an oath.

(Notary Seal)

\_\_\_\_\_  
Notary Public, State of Florida

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ATTACHED SIGNATURE PAGE #

Owner's name as written on deed: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

## PROPERTY LOCATION

Location Address: \_\_\_\_\_

City: \_\_\_\_\_

## AUTHORIZATION SIGNATURES (Continued)

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Printed name*

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who is personally know to me or has provided  
\_\_\_\_\_ as identification and did not take an oath.

(Notary Seal)

\_\_\_\_\_  
Notary Public, State of Florida

COMPREHENSIVE PLAN AMENDMENT  
CHECKLIST AND INSTRUCTIONS

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Payments are accepted via cash, check or money order. Make checks payable to Jackson County BOCC.

*All items listed on the application form as well as those listed below must be included for the application to be complete.*

<input type="checkbox"/>	<b>Comprehensive Plan Map or Text Amendment Fee: <u>\$2,500.00 Total</u></b> \$1,500.00 Non-refundable application fee and \$1,000.00 advertising fee
<input type="checkbox"/>	<b>Small Scale Map Amendment Fee: <u>\$750.00 Total</u></b> \$500.00 Non-refundable application fee and \$250.00 advertising fee
<p style="text-align: center;"><b><u>FEES:</u></b></p> <ul style="list-style-type: none"><li>• Application denial does not warrant a refund</li><li>• Advertising fees may be refunded if application is withdrawn prior to initiation of advertising process</li></ul>	
<input type="checkbox"/>	<b>Completed Application:</b> If the Department finds the application incomplete the applicant will be required to submit clarification or additional information. Requested information is due within thirty (30) calendar days of notice from the Department. <b><i>An application may be denied for incompleteness and/or failure to submit additional information within the specified timeline.</i></b>
<input type="checkbox"/>	Copy of current <b>owner's property deed including legal description</b>
<input type="checkbox"/>	<b>Notarized Agent Authorization Form(s):</b> If the property is owned by a corporation or multiple owners then documentation certifying the signing individual's authority is required. <i>Multiple signatures may be required if deemed necessary upon application. Additional signature form(s) provided upon request.</i>
<input type="checkbox"/>	<b>Legal Description:</b> The complete legal description of the <b>property or the portion of the property</b> for the <b>requested change</b>
<input type="checkbox"/>	<b>Site/Location Map(s):</b> Map of proposed land use change clearly indicating adjacent roadways
<input type="checkbox"/>	<b>Justification Statement:</b> <ul style="list-style-type: none"><li>• <b><u>TEXT AMENDMENTS</u></b> are generally proposed due to changes in laws or individual circumstances that result in a possible conflict with the existing text of the Comprehensive Plan. A <b><u>draft text must be submitted</u></b> to make sure no misunderstandings occur since only the applicant can determine where the conflict is and what adjustments will eliminate the conflict. Proposed policy revisions shall be submitted utilizing the underline and strikethrough format. Underline text denotes proposed policy language additions, and strikethrough text denotes proposed deletions to currently adopted policies. <b>Describe how the proposed policy revision is consistent with and furthers the goals, objectives and policies of the Comprehensive Plan.</b></li><li>• <b><u>MAP AMENDMENTS</u></b>: <b>Describe how the proposed map revision is consistent with and furthers the goals, objectives and policies of the Comprehensive Plan.</b> Include the appropriate data and analysis to support the requested change. The justification should include, but is not limited to, adjacent land use compatibility, availability of public facilities, and demonstrated need based on population demands and/or market demand.</li><li>• <b><u>SMALL SCALE MAP AMENDMENTS</u></b> require the same justification statement as denoted above unless directed otherwise by Community Development. The criteria for small-scale amendments shall apply to a property of 10 acres or less. Once the statutory 120-acre annual cumulative total is reached applications will not be processed until the beginning of the next calendar year.</li></ul>
<input type="checkbox"/>	<b>Map Amendment Supporting Documents (excluding Small Scale)</b> <ul style="list-style-type: none"><li>• <b>Describe services</b> that are currently available or that are planned for the area(s) of change including <i>roads, sanitary sewer, potable water, drainage, solid waste, etc.</i></li><li>• <b>Individual maps depicting the natural resources</b> that may be present on the site shall be attached as an exhibit including known or potential connections to the same resources in surrounding areas such as <i>aquifer recharge areas, floodplains, flora and fauna, soils, wetlands, etc.</i></li><li>• School Capacity analysis (if applicable)</li><li>• Traffic analysis (if applicable)</li></ul>

**REFER TO FLORIDA STATUTES CHAPTER 163 FOR MORE DETAILS**

# COMPREHENSIVE PLAN AMENDMENT TIMELINES

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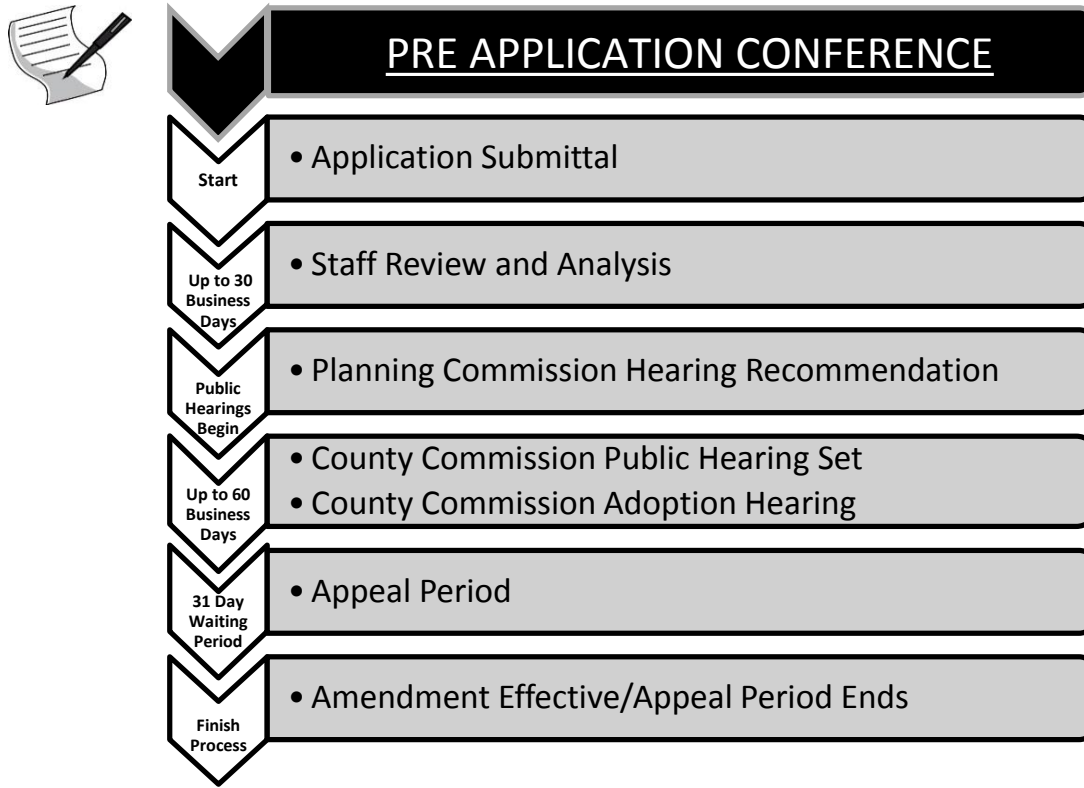
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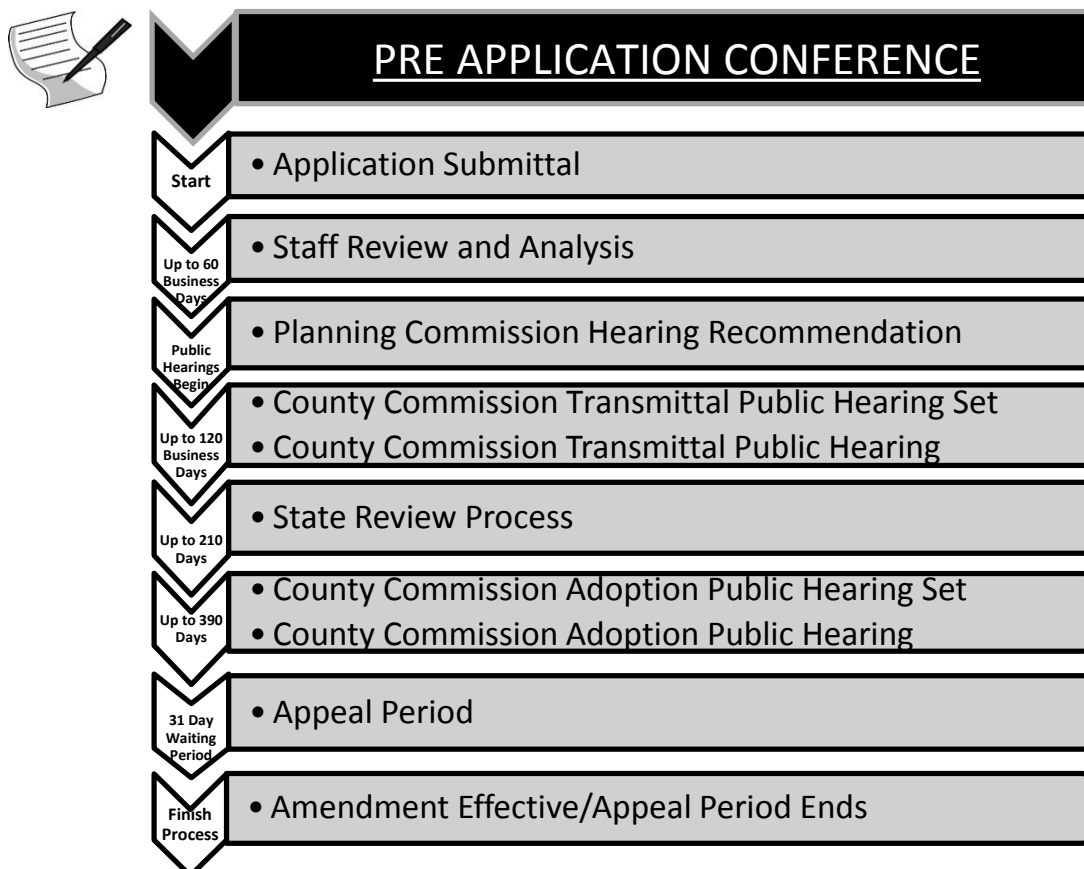
## SMALL SCALE MAP AMENDMENTS

### \*Approximate Time Period of 3 Months



## COMPREHENSIVE PLAN TEXT OR MAP AMENDMENTS

### \*Approximate Time Period of 4 - 15 Months



**\*May take more time depending on completeness of application and complexity of review.**