



TOWN OF HILLIARD  
COMPREHENSIVE PLAN AMENDMENT APPLICATION  
(50+ ACRES AND/OR TEXT AMENDMENT)  
15859 W CR 108 Hilliard, FL 32046  
Phone: 904-845-3555 | [cs@townofhilliard.com](mailto:cs@townofhilliard.com)

For Staff Only

File #: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Payment Processed By:  
\_\_\_\_\_

## Comprehensive Plan Amendment Application (50+ Acres and/or Text Amendment)

### **A. PROJECT**

1. Project Name: \_\_\_\_\_
2. Address/Location of Subject Property: \_\_\_\_\_
3. Parcel ID Number(s): \_\_\_\_\_
4. Existing Use of Property: \_\_\_\_\_
5. Future Land Use Map Designation: \_\_\_\_\_
6. Existing Zoning Designation: \_\_\_\_\_
7. Proposed Future Land Use Map Designation: \_\_\_\_\_
8. Acreage: \_\_\_\_\_

### **B. APPLICANT**

1. Applicant's Status  Owner (title holder)  Agent
2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_
3. If the applicant is agent for the property owner\*  
Name of Owner (title holder): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

### **C. ATTACHMENTS** (One copy reduced to no greater than 11 x 17, plus one copy in PDF format.)

1. Statement of proposed change
2. Map showing the proposed Future Land Use Map amendment and Future Land Use Map designations on surrounding properties.
3. Infrastructure Impact Analysis - Address the impact on the following public facilities:
  - a. Potable water
  - b. Sanitary sewer
  - c. Transportation, a traffic study may be required
  - d. Solid waste



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- e. Recreation
  - f. Stormwater
  - g. Public schools.
4. Analysis of Consistency with the Town of Hilliard Comprehensive Plan (identify specific Goals, Objectives, and Policies and describe in detail how the application complies with the noted Goal, Objective, or Policy.)
  5. A current aerial map (Maybe obtained from the Nassau County Property Appraiser.)
  6. Legal description with tax parcel number.
  7. Boundary survey
  8. Vicinity Map
  9. Warranty Deed or the other proof of ownership
  10. Application Fee.
    - a. Future Land Use Map Amendments - \$3,000
    - b. Text Amendment to Comprehensive Plan - More than 50 acres - \$3,000
    - c. All applications must pay the cost of postage, signs, advertisements, and the fee for any outside consultants.

The Applicant is responsible for paying a \$1,000.00 deposit at the time of submittal.

*No application shall be accepted for processing until the required application fee is paid in full.*

**All attachments are required for a complete application. A completeness review of the application will be conducted within ten (10) business days of receipt. If the application is determined to be incomplete, the applicant will be required to provide the needed documents prior to approval of work. Work prior to approval will result in a Code Enforcement Violation.**

**I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:**

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Signature of Applicant

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Signature of Co-applicant

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Typed or printed name and title of applicant

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Typed or printed name of co-applicant

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Date

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Date

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

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_ as  
identification.

NOTARY SEAL

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Signature of Notary Public, State of \_\_\_\_\_