

FOR OFFICE USE ONLY				
File #				
Application Fee:				
Filing Date:				
Acceptance Date:				

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

A. FRU	JECI			
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:			
1.	LICANT 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: ()	FAX: ()	e-mail:	
3.	If the applicant is agent for the property owner* Name of Owner (title holder):			
	Mailing address:			
	City:	State:	ZIP:	
	Telephone: ()	FAX: ()	e-mail:	

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

Town of Hilliard + 15859 West CR 108 + Hilliard, FL 32046 + (904) 845-3555

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
 - 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 \$1,500 plus \$20 per acre
 - b. Text Amendment to Comprehensive Plan \$1,500 per element
 - c. All applications must pay the cost of postage, signs, advertisements, and the fee for any outside consultants.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

<u>All 10 attachments are required for a complete application.</u> A completeness review of the application will be conducted within fourteen (14) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

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

Signature of Applicat	nt	Signature of Co-applicant	
Typed or printed nan	ne and title of applicant	Typed or printed name of co-applicant	
Date		Date	
State of	County of	of	
The foregoing applic	ation is acknowledged before me this	day of, 20, by	
	, who is/are personally known to me	e, or who has/have produced	
as identification.			
NOTARY SEAL	Signature of	Notary Public, State of	
	Town of Hilliard ♦ 15859 West CR 108 ♦	Hilliard, FL 32046 ♦ (904) 845-3555	