

APPLICATION SCREENING FORM
COMPREHENSIVE PLAN AMENDMENT

Community Name: City of High Springs **Application Number:** _____

Applicant Name: _____

If the application will result in an increase in residential density, has there been a determination of adequate school capacity?

Yes _____

No _____

N/A _____

- _____ 1. Is the application signed (by both husband and wife if jointly owned)?
- _____ 2. Is the application dated?
- _____ 3. Is there proof of ownership (deed)?
- _____ 4. If an agent has been appointed, is there a signed letter of authorization?
- _____ 5. Is there legal description enclosed and has it been verified?
- _____ 6. Is the total acreage provided?
- _____ 7. Is the Parcel Identification Number provided?
- _____ 8. What is the current land use classification and zoning district?
- _____ 9. Is the amendment request clear (From ____ To ____)?
- _____ 10. Does the zoning match the land use?
- _____ 11. Is there a map enclosed?
- _____ 12. Is water and sewer available?

Notes:

CITY OF HIGH SPRINGS
COMPREHENSIVE PLAN AMENDMENT
APPLICATION

Name of Applicant(s): _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Name of Applicant's Agent (if applicable): _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Please complete Part I for proposed amendments to the Future Land Use Plan Map.

For amendments to the text of the Comprehensive Plan, which do not require a Future Land Use Plan Map amendment, please omit responses to Part I and only complete Part II of this Application.

PART I

Legal Description:

Alachua County Tax Parcel No. _____ Total Acreage: _____

Future Land Use Plan Map Category: Present: _____

Requested: _____

APPLICATION FOR AMENDMENT
OF THE COMPREHENSIVE PLAN

PART II

For amendments to the text of the Comprehensive Plan, please provide in the space provided below (or on separate pages to be attached and made a part herewith) the text of the proposed amendment.

APPLICATION FOR AMENDMENT
OF THE COMPREHENSIVE PLAN

A previous application for amendment to the Comprehensive Plan:

___ was made with respect to these premises, Application No. _____.

___ was not made with respect to these premises.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and correct to the best of my knowledge and belief.

If title holder(s) are represented by an agent, a letter of such designation from the title holder(s) addressed to the High Springs Administrator/designate, must be attached.

Applicant/Agent Name (Type or Print Name)

Applicant/Agent Signature

Date

FOR OFFICE USE ONLY

Date Filed: _____

Application No: _____

Fee Amount: _____

Receipt No. _____

Date of Plan Board Public Hearing: _____

Date notice published: _____

Newspaper: _____

Date of Local Planning Agency Public Hearing: _____

Date notice published: _____

Newspaper: _____

Date(s) City Commission Public Hearing: (1) _____ (2) _____

Date notice published: (1) _____ (2) _____

Newspaper: _____

Date Notice of Enactment of an Ordinance published: _____

Newspaper: _____

City Commissioners decision: _____

(Granted/Denied)