

LAND USE AMENDMENT REQUEST

☐ Property up to 50 acres (\$2,500)☐ Property over 50 acres (\$5,000)

Please be advised that if the land use amendment is recommended for transmittal with a text amendment, an additional \$1,500 fee will be due prior to transmitting the case to the State.

Due Date: Complete application 45 days prior to P&Z Commission meeting held on the second Monday of the month. Incomplete applications will not be processed until all required information is submitted. Staff may request additional information to properly review the application.

Name of Petitione	r(s):					
Mailing address:					s	tate:
Phone:			Emai	:		
Parcel Number(s):						1
Section:	Township	o: R	ange:		Size of Property:	
Attach Legal Descr subject property. The a legal description in Wo	application will not be ord format must be su	e processed until a	correct lega			•
Present Land Use						
Requested Land U						
Present Zoning Dis	trict:	D Zoning Application)				
Description of requ						

The following items are required (The application will not be processed if these items do not accompany
the application.):
\square Deed or other proof of ownership
\square Notarized signature of the current property owner(s) & the agent's signature if applicable
☐ The appropriate fee in cash or check (Payable to the City of Ocala)
\square A metes and bounds legal description of the property.
(An electronic file of the legal description in Word format must be submitted with the application.)

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This petition must bear the notarized signatures of all owners of property in the area proposed to be annexed. (Please make additional copies of this page if property has more than one owner)

l,(Name)		, as	(Title)		of	, a		
(State Registry & Type property described above.	, being	g first duly sv	vorn, affir	rm and sa	ay that I am t	he owner of the		
Owner's Signature: Address								
STATE OFC	OUNTY OF	Before n	ne, this _	day of_	, 20	, personally		
appeared	who ex	recuted the f	foregoing	instrum	ent and ackno	owledged before me		
that same was executed for	or the purposes th	nerein expre	ssed.	Γ		٦		
☐ Personally known or ☐ Produced Identification								
Type of ID produced:								
Signature of Notary:				L		Л		
Print Name: My commission expires:								
I,, am the legal representative of the applicant and am authorized to speak on his behalf for the subject matter.								
Agent's Mailing address:								
City:			State:					
Agent's Phone:			Agent's	Email:				
Agent's Signature:								

ATTENDANCE at the public hearing by the applicant or agent (as designated in writing) **IS RECOMMENDED**