



GROWTH MANAGEMENT DEPARTMENT
DEVELOPMENT SERVICES
201 SE 3rd Street, Second Floor, Ocala, FL 34471 Phone:
(352) 629-8404 Fax: (352) 629-8242
Email: gmd@ocalafl.org Website: www.ocalafl.org

**AMENDMENT TO THE COMPREHENSIVE PLAN
GOALS, OBJECTIVES AND POLICIES (\$5,000)**

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.

2. Name of Petitioner(s): _____

Address of Petitioner(s): _____

City _____ State _____ Zip Code _____ Phone # _____

Fax # _____ Email address _____

3. a. Parcel account number(s) [from tax roll]: _____

b. Section _____ Township _____ Range _____ Size of Property _____

c. Legal Description: (Please attach)

NOTE: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided. An electronic file of the legal description in Word format must be submitted with the application.

4. Street address of the property (if the property has no street address the Planning and Zoning Division will complete this section):

5. a. Present Land Use designation: _____

b. Present Zoning District: _____

6. a. Description of this request: _____

b. Is another application being submitted simultaneously with this request on the subject property? Y N

7. The following items are required (The application will not be processed if these items do not accompany the application.):

- a. Deed or other proof of ownership
- b. Notarized signature of the current property owner(s) & the agent’s signature, if applicable
- c. Sketch plan, if applicable, submitted electronically in pdf
- d. Electronic file of the legal description in Word format
- e. The appropriate fee in cash or check (Payable to the City of Ocala)

I, _____, as _____ of _____, a
 [Name] [Title] [Entity name]
 _____, being first duly sworn, affirm and say that I am the owner of the property
 [State registry& type (i.e.,Inc., LLP, etc.)]
 described above.

Owner’s Signature

Address (Street)

Phone Number

City, State, Zip Code

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____, day of _____, 20____,

by _____, as _____ of _____, a
 [Name] [Title] [Entity name]

_____, who is personally known to me or has produced
 [State registry& type (i.e.,Inc., LLP, etc.)]

_____ as identification and who did / did not take an oath.

NOTARY PUBLIC

Commission No.: _____

Commission Expires: _____

I, _____, am the legal representative of the owner and I am authorized to speak in his/her behalf for the subject matter.

Agent's Signature

Address (Street)

Phone Number

City, State, Zip Code

Email Address

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

STAFF USE ONLY:

- a. Date received: _____
- b. Petition contains all required information: Y N
- c. Petition is consistent with the zoning code: Y N
- d. Petition is consistent with the comprehensive plan: Y N
- e. Site lies within an historic district: Y N
 If yes, what district: _____
- f. Petition rejected: Y N (see attached reason)
- g. Petition accepted: Y N Case #: _____
- h. Land use: Case #: _____