



## COMPREHENSIVE PLAN AMENDMENT APPLICATION TO AMEND THE TEXT OR FIGURES OF THE PLAN

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### A. GENERAL INFORMATION

Title of the Application (No special characters such as #, &, \*, etc.):

Identification of Goals, Objectives or Policies proposed to be amended:

Text amendments must present the proposed changes in the context of existing Comprehensive Growth Management Plan (CGMP) policy. Text proposed for addition must be underlined. Text proposed for deletion must be shown ~~stricken~~. Likewise, existing figures proposed for deletion must be shown ~~stricken~~ and new or amended figures also shown as proposed. The applicant should address how the proposed amendment will be consistent with existing Plan policies, the Martin County Land Development Regulations and Chapter 163, Florida Statutes.

The applicant must justify the proposed amendment and establish that the amendment is consistent with the goals, objectives, and policies of the CGMP. Amendments shall be deemed consistent with the intent of the Comprehensive Plan when land uses, densities or intensities, and environmental protection measures further the Plan's goals, objectives and policies. Where a subject is addressed by two or more provisions of the Plan, all provisions apply, and the stricter provision shall prevail to the extent of the conflict. Plan policies that address the same issue shall be considered consistent when it is possible to apply the requirements of both policies with the stricter requirements governing.

Has this application been submitted concurrently with a proposed Future Land Use Map amendment?

Yes                      No

Text amendment applications submitted concurrently with a proposed Future Land Use Map amendment must be packaged separately for staff analysis and presentation.

Does the requested text amendment apply to a specific lot, tract, block or parcel of land?

Yes                      No

If the text amendment applies to a specific parcel of land, there are additional notification requirements. Please see Section 1.11, Martin County Comprehensive Plan, for additional information. Please provide the following information:

Total Acreage: \_\_\_\_\_

**Parcel Control Number(s):**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**B. PROPERTY OWNER (APPLICANT) INFORMATION**

**Property Owner (Name or Company):** \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**C. PROJECT PROFESSIONALS**

**Contract Purchaser:** \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Representative:** \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Land Planner:** \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Traffic Engineer:** \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Attorney:** \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Professional:** \_\_\_\_\_

Company Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### D. APPLICANT CERTIFICATION

I have read this application, and to the extent that I participated in the application, I have answered each item fully and accurately. I understand that this application is submitted pursuant to Chapter 1, Section 1.11 of the Martin County Comprehensive Growth Management Plan and Chapter 163, Part II (The Community Planning Act) of the Florida Statutes. The public record of this matter will consist of this application, the exhibits, documents or other materials prepared by the applicant or their authorized representative and submitted to the Martin County Growth Management Department; information or materials the Martin County Growth Management Department may submit: public comment submitted through the Martin County Growth Management Department; and comments made at public hearings related to this application.

Applications that are found by the Growth Management Department to be unclear or incomplete may be supplemented within 30 days after the applicant has been notified the application is unclear or incomplete. Fees will be returned to any applicant who withdraws an application within 60 days after the application is submitted.

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Property Owner or Authorized  
Representative Signature

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Date

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Printed Name

**\*\*NOTE:** Pursuant to Section 1.11.A(1) of the Comprehensive Growth Management Plan:

“For any FLUM amendment and for a text amendment which changes an allowable use of land for a specific parcel, proof of ownership of the property subject to the request must be supplied for any application to be deemed complete. Only the owner of the subject property or the Martin County Commission can apply for a FLUM amendment.”

If this page is not signed by the property owner, the application package must also include a Power of Attorney by the property owner authorizing the representative to act on the property owner’s behalf with regard to this application. The above noted representative, address and phone number will be used by the County as the single contact for all correspondence and other communication.

## E. NOTARY ACKNOWLEDGMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was        sworn to,        affirmed, or        acknowledged  
before me by means of        physical presence or        online notarization this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
who is        personally known to me, or        produced the following type of  
identification: \_\_\_\_\_.

NOTARY PUBLIC SEAL

Notary Public, State of Florida

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(Printed, Typed, or Stamped Name of Notary Public)