



COMPREHENSIVE PLAN AMENDMENT APPLICATION TO AMEND THE FUTURE LAND USE MAP

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A. GENERAL INFORMATION

Select Type of Application:

Future Land Use Map Amendment

Future Land Use Map Amendment and
Concurrent Rezoning*

Future Land Use Map Amendment and
Concurrent PUD Rezoning*

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

Location of the land that is the subject of the application:

Total Acreage: _____

Within a CRA? YES** NO If yes, which CRA? _____

Existing Future Land Use Designation: _____ Acres: _____

Proposed Future Land Use Designation: _____ Acres: _____

Existing Zoning District: _____ Acres: _____

Proposed Zoning District*: _____ Acres: _____

**If you seek to rezone as well, the appropriate application to amend the zoning district(s) must be filed concurrently with this application.*

***If the property is located within a Community Redevelopment Area (CRA), there are additional application requirements. In addition to the Future Land Use Amendment application, there must also be concurrent applications to amend the zoning atlas AND amend the Land Development Regulations to assign the appropriate CRA subdistrict.*

Parcel Control Number(s):

_____	_____
_____	_____
_____	_____
_____	_____

B. PROPERTY OWNER (APPLICANT) INFORMATION

Property Owner (Name or Company): _____

Company Representative: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

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: _____

[Remainder of page left blank]

C. 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 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 received by the Growth Management Department.

Property Owner or Authorized
Representative Signature

Date

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.

[Remainder of page left blank]

D. 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

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