



**Comprehensive Plan Amendment Pre-Application**  
**St. Johns County Growth Management Services Department**  
**4040 Lewis Speedway**  
**St. Augustine, Florida 32084**

Phone (904) 209-0675 Fax (904) 209-0676

This application, together with ALL REQUIRED EXHIBITS and application fee, should be completed and filed with the Long Range Planning Division at least five (5) working days prior to the established pre-application meeting.

File No. \_\_\_\_\_ Date \_\_\_\_\_

Property Owner(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Are there any owners not listed  No  Yes If yes please list on separate sheet to be included with your application

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

**Type of Request** This is a request to amend the **St. Johns County Comprehensive Plan as follows:**

Text Amendment (Sign certification statement and attach additional pages as necessary)

Element \_\_\_\_\_ Goal, Objection or Policy # \_\_\_\_\_ Page \_\_\_\_\_

Future Land Use Map Amendment (Complete the following sections)

Existing Future Land Use Map Designation \_\_\_\_\_ Zoning \_\_\_\_\_

Proposed Future Land Use Map Designation \_\_\_\_\_ Zoning \_\_\_\_\_

**Location/Description:** Property Appraiser's Parcel Identification No. \_\_\_\_\_

Street Address/Location \_\_\_\_\_

Total Acreage \_\_\_\_\_ Overall Dimensions \_\_\_\_\_ Flood Zone \_\_\_\_\_

Adjacent Future Land Use Designation North: \_\_\_\_\_ South: \_\_\_\_\_ East: \_\_\_\_\_ West: \_\_\_\_\_

Wetlands: Yes:  No:  Type: \_\_\_\_\_ Acres: \_\_\_\_\_

Soil Associations: \_\_\_\_\_

Provide brief description of existing property. Include existing land cover and uses, any existing structures, infrastructure.

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Provide general description of how property is to be developed. Include uses, and estimates of: number and type of dwelling units; square feet and type of commercial/industrial uses; open space, recreational areas; buffers; wetlands; drainage and infrastructure areas; other uses and sizes. Account generally for all acres. Provide estimated phasing dates and anticipated buildout.

**ESTIMATED IMPACT ON THE AVAILABILITY OF PUBLIC FACILITIES:**

1. (a) The project will use:  public sewer or  private sewer or  septic tank.  
(b) The project will use:  public water or  private water or  private well.
2. (a) Will the project build its own water plant?  Yes  No.  
(b) Will the project build its own sewage plant?  Yes  No.
3. Will the project public/private utilities? If yes, provide name of Utility Company

\_\_\_\_\_

**REQUIRED EXHIBITS: (MUST BE SUBMITTED IN THIS ORDER)**

1. Owner's Authorization for Agent Form. All persons listed on the deed, purchase agreement, title opinion or other acceptable proof of ownership must complete an Owners Authorization.
2. Proof of ownership (copy of deed or purchase agreement, and title opinion).
3. Legal description and tax identification number.
4. General location map with subject property clearly identified.
5. Property Appraiser's Map with identification of subject property, zoning, and Comprehensive Plan Land Use Designation within 300 feet of property.
6. Comprehensive Plan Future Land Use Map with subject property clearly identified.
7. Most recent aerial of site showing property boundaries.
6. Copy of soils map showing property boundaries.
8. Generalized site plan with uses, phases as described in Question 13.
9. One (1) copy of application and exhibits.

**NOTE: On each map include north arrow, property outline, name of person or firm who prepared the map, date of map preparation, and source of the map.**

I HEREBY CERTIFY THAT ALL INFORMATION IS CORRECT:

Signature of owner(s) or authorized person if Owner's Authorization Form is attached:

Printed or typed name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

NAME AND ADDRESS OF PERSON TO RECEIVE ALL CORRESPONDENCE REGARDING THIS APPLICATION:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_