



FOR OFFICE USE ONLY

File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Town of Penney Farms Small Scale Future Land Use Map Amendment Application (50 acres or less)

A. PROJECT

Project Name: _____

Address of Subject Property: _____

Parcel ID Number(s): _____

Existing Use of Property: _____

Existing Future Land Use Map Designation: _____

Proposed Future Land Use Map Designation: _____

Acreage (must be 50 acres or less): _____

B. APPLICANT

Applicant's Status Owner (title holder) Agent

Name of Applicant(s) or Contact Person(s): _____ Title: _____

Company (if applicable): _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Telephone: (____) _____ FAX: (____) _____ E-mail: _____

If the applicant is agent for the property owner*

Name of Owner(s) (title holder): _____

Company (if applicable): _____

City: _____ State: _____ ZIP: _____

Telephone: (____) _____ FAX: (____) _____ E-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner if application is not signed by the owner.

C. ATTACHMENTS (One copy plus one copy in PDF format)

1. Statement of proposed change, including a map showing the proposed Future Land Use Map change and Future Land Use Map designations on surrounding properties
2. A current aerial map (Maybe obtained from the Clay County Property Appraiser.)
3. Legal description with tax parcel number.
4. Boundary survey
5. Warranty Deed or the other proof of ownership
6. Fee.
 - a. \$750
 - b. All applications pay the cost of postage, signs, advertisements and the fee for any outside consultants.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the application.

All attachments are required for a complete application. A completeness review of the application will be conducted within fourteen (14) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____

_____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____