



Planning Department
6601 E. Hwy. 22
Callaway, FL 32404
(850) 871-6000
(850) 871-2444

Amanda Richard
Director of Planning

Michael Fuller
City Planner

**Large Scale Comprehensive Plan Amendment
Large Scale (over 10 acres) \$2,045.00
(plus hourly Attorney and Engineering Fees reimbursed as billed)**

A. Application Information: (Application to be completed by property owner or authorized agent only.)

1. Owner's Name: _____
2. Mailing Address: _____
3. Telephone/Fax: _____
4. Authorized Agent Name: _____
5. Mailing Address: _____
6. Telephone/Fax: _____

If applicant does not own the property, give name, address, and telephone number of Owner. (Must attach a notarized statement of consent from the owner.) Attach a legal description including a survey if available. Attach a copy of the deed or other instrument documenting legal interest.

B. Requested Amendment

1. Current Future Land Use Map (FLUM) - _____
2. Requested FLUM designation(s) - _____
3. Justification – Explain circumstances that give rise to the need for the amendment.

4. List of objectives and policies of the Future Land Use Element and other affected elements with which the proposed amendment is compatible.

C. Property Information

1. Address of site for which amendment is requested:

2. Tax ID: _____
3. Acreage of property: _____
4. Analysis of the character of any vacant lands in order to determine suitability for use, including:
() Soils
() Topography, including flood prone areas

- () Natural Resources
- () Historic Resources

NOTE: Information can be downloaded from GIS

Hurricane evacuation based on the proposed amendment, considering the number of persons requiring evacuation, availability of hurricane shelter spaces, and evacuation routes and times.

5. Whether the site contains habitat for species listed by federal, state or local agencies endangered, threatened or species of special concern.

- () If yes, identify the species and show the habitat location on a map.

6. Provide the most recent aerial photograph (minimum of ¼ mile radius) available from the Property Appraisers Office. The information required by the following (a-f) should be shown on the aerial photo.

- a) Location in relation to surrounding physical features such as Streets, railroads, water bodies, etc. Names of all adjacent streets and other physical features must be shown.
- b) North direction arrow.
- c) Township, Range and Section.
- d) Existing land uses of the site and all adjacent properties, and Future Land Use designation.
- e) Dimensions of the site (length, width, etc.) in linear feet.
- f) Size of the site in square feet or acres.

D. Facility Capacity Analysis

Applicant must provide information as to the impact on infrastructure proposed Future Land Use Map change will have on public facilities.

1. Potable Water Source:

Source: _____

Capacity in system: _____

Projected demand/impact in five (5) years: _____

Capacity available: Yes ___ No ___

2. Sewage Disposal Source:

Capacity in system: _____

Projected demand in five (5) years: _____

Capacity available: Yes ___ No ___

3. Solid Waste:

Capacity in system: _____

Projected demand in five (5) years: _____

Capacity available: Yes ___ No ___

4. **Transportation:**

a) **Roadways serving the site (indicate laneage, functional classification and right-of-way), current level of service (LOS), and LOS standard.**

b) **Projected LOS (indicate year) under existing designation**

c) **Projected LOS (indicate year) under proposed designation (calculate anticipated number of trips and distribution on roadway network, and identify resulting changes to the projected LOS).**

d) **Improvements/expansions (including right-of-way acquisition) already programmed or needed as a result of the proposed amendment.**

e) **Evaluation consistency with the adopted MPO plan and FDOT's 5-Year Transportation Plan.**

f) **Traffic Circulation Element amendment submitted in conjunction with Future Land Use Map amendment, if required. Yes ___ No ___.**

g) **Capital Improvements Element amendment submitted in conjunction with Future Land Use Map amendment, if required. Yes ___ No ___.**

E. Tax Role Information:

Parcel ID Number: _____

Existing Tax Classification: _____

Proposed Tax Classification: _____

F. Certification and Authorization

By my signature hereto, I do hereby certify that the information contained in this application is true and correct, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and/or revocation of any approval based upon this application.

I do hereby authorize City of Callaway staff to enter upon my property at any reasonable time for purposes of site inspection.

I do hereby authorize the placement of a public notice sign on my property at locations to be determined by City staff.

Applicant's Name (please print)

Applicant's Signature

Company Name

This application must be notarized.

State of Florida
County of Bay

Signed and sealed before me this _____ day of _____,
By _____, who is personally known to me or has
produced _____
as identification and who did/did not take an oath.

Notary Public Signature

Printed Name

My commission expires: _____

Planning Department Use Only

Amendment number: _____

Ordinance Number: _____

Date received: _____

Date complete: _____

Public notice sign: _____

Newspaper ad: _____

City Commission hearing date: _____

Approved: _____ Denied: _____

Conditions of approval:

Date effective: _____