

**AMENDMENT TO THE COMPREHENSIVE PLAN GOALS,
OBJECTIVES AND POLICIES**
Public Hearing Request - \$4,000

Due Date: First Monday of the month at 5:00 pm.

1. Type of Public Hearing _____

2. Name of Petitioner(s): _____

Address of Petitioner(s): _____

City _____ State _____ Zip Code _____ Phone _____

Fax _____ E-Mail Address _____

3. a. Parcel account number (from tax roll): _____

b. Legal description of the property for which the public hearing is being requested:
(Please Attach) _____

NOTE: It shall be the applicant=s responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided.

c. Section _____ Township _____ Range _____ Size of Property _____

4. Street address of the property. If the property has no street address the Zoning Department will complete this section. _____

5. a. Present Land Use Designation: _____

b. Present Zoning District: _____

6. a. Description of the request: _____

b. Is another application being submitted simultaneously with this request on the subject property? Yes _____ No _____

7. The following items are required. The application will not be processed if these items do not accompany the application.

- a. Deed or other proof of ownership.
- b. Notarized signature of the current property owner(s) and the agent=s signature if applicable.
- c. Sketch plan, if applicable
- d. The appropriate fee in cash or check (Payable to the City of Ocala).

I, _____, being first duly sworn, affirm and say that I am the owner of the property described above.

Owner's Signature

Owner's Address

Phone Number

City, State, Zip Code

NOTARIZATION FOR OWNER'S SIGNATURE

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, by _____, who is personally known to me or who has produced _____ as identification and who did / did not take an oath.

NOTARY PUBLIC

Commission No. _____

Commission Expires: _____

I, _____, am the legal representative of the owner and am
AGENT'S NAME (PRINT)

authorized to speak in his behalf for the subject matter.

AGENT'S SIGNATURE

AGENT'S ADDRESS (Street)

Phone Number

City, State, Zip Code

AGENT'S EMAIL ADDRESS

FOR ASSISTANCE OR INFORMATION, PLEASE CALL (352) 629 – 8404

ATTENDANCE at the public hearing by the applicant
Or agent as designated in writing IS MANDATORY.

STAFF USE ONLY:

- | | | |
|--|------------|-----------------|
| a. Date received | date _____ | signature _____ |
| b. Petition contains all required information. | date _____ | signature _____ |
| c. Petition is consistent with the zoning code. | date _____ | signature _____ |
| d. Petition is consistent with the comprehensive plan. | date _____ | signature _____ |
| e. Site lies within an historic district. _____ | date _____ | signature _____ |
| f. Petition rejected. _____ (See attached reason) | date _____ | signature _____ |
| g. Petition accepted. Case number assigned. _____ | date _____ | signature _____ |
| h. Land Use Case No. assigned. _____ | date _____ | signature _____ |