



CITY OF DAVENPORT

1 South Allapaha Ave - Davenport, FL 33837
Telephone (863) 419-3300 - Fax (863) 216-5634

Application for Future Land Use Map Amendment

City Use Only:

DATE RECEIVED: _____	Proposed Amendment # _____
RECEIVED BY: _____	Receipt # _____ Fee: \$ _____
P & Z HEARING: _____	Small Scale? (≤ 10 acres) Yes <input type="checkbox"/> NO <input type="checkbox"/>
(LS) TRANSMITTAL HEARING: _____	
(SS) FIRST READING: _____	
ADOPTION HEARING: _____	

APPLICANT NAME: _____ PHONE: _____

ADDRESS: _____
(Enclose Letter of Authorization from owner(s))

AGENT NAME: _____ PHONE: _____

ADDRESS: _____

OWNER NAME: _____ PHONE: _____
(Enclose Proof of Ownership; (i.e., Photocopy of Deed, Tax Receipt))

ADDRESS: _____

REQUEST DCA REVIEW: YES NO N/A

Number of acres: _____

Legal description attached

SUMMARY AND LOCATION OF PROPOSED AMENDMENT:

JUSTIFICATION OF PROPOSED AMENDMENT:

ADOPTED FUTURE LAND USE: _____ CURRENT ZONING: _____

PROPOSED FUTURE LAND USE: _____ PROPOSED ZONING: _____

DESCRIPTION OF EXISTING LAND USES ON THE SUBJECT PROPERTY:

DESCRIPTION OF EXISTING LAND USES SURROUNDING THE SUBJECT PROPERTY:

PROPOSED USE OF THE SUBJECT PROPERTY (DEVELOPMENT DESCRIPTION, SCHEDULE, AND PHASES):

MAXIMUM ALLOWABLE DENSITY UNDER ADOPTED FUTURE LAND USE MAP DESIGNATION:

MAXIMUM ALLOWABLE DENSITY UNDER PROPOSED FUTURE LAND USE MAP DESIGNATION:

ANALYSIS OF SOILS AND TOPOGRAPHY ON THE SITE:

ANALYSIS OF FLOOD PRONE AREAS ON THE SITE:

ANAYLSIS OF VEGETATION AND NATURAL RESOURCES ON THE SITE:

ANALYSIS OF THREATENED/ENDANGERED SPECIES ON SITE:

ANALYSIS OF HISTORIC/ARCHAEOLOGICAL RESOURCES ON THE SITE:

ANALYSIS OF THE RELATIONSHIP OF THE AMENDMENT TO ADOPTED
POPULATION PROJECTIONS:

LIST OF OBJECTIVES AND POLICIES OF THE COMPREHENSIVE PLAN WITH WHICH
THIS PROPOSED FLUM AMENDMENT IS CONSISTENT:

Signature of the Owner or Authorized Agent
If other owners:

Signature of Owner

The above application for an amendment to the City of Davenport's Comprehensive Plan:
_____, 20___, is submitted for the City's review by the legal owner(s) of the property
subject to the request, whose name(s) and signature(s) follows:

(Please type or print names)

Name(s): _____

Signature: _____

Date: _____

If Other Owners:

Signature: _____

Dated: _____

DATE: _____

This is a letter of authorization for the agent named below to act for me in all matters relating to an application(s) for the following action(s), as submitted to the City of Davenport, Growth Management Department, in regard to my property described in the legal description attached to the application(s):

- Annexation
- Land Use Amendment
- Zoning / Rezoning Request

Agent: _____

Owner of Property: _____

Signature of Owner: _____

Signature of Owner: _____

TO BE NOTARIZED BELOW:

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is/are personally known to me and who did (did not) take an oath.

Notary Public

Commission Expires: