



Proposed Amendment: # _____
Receipt: # _____ Fee: \$ _____
Small Scale? (≤ 10 acres) YES () NO ()

**CITY OF DAVENPORT
APPLICATION FOR FUTURE LAND USE MAP AMENDMENT**

City of Davenport
Growth Management Department
1 South Allapaha Avenue
Davenport, Florida 33836
Phone: 863-419-3300

FOR OFFICE USE ONLY	
DATE RECEIVED:	_____
RECEIVED BY:	_____
P & Z HEARING:	_____
(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 # 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:

ANALYSIS 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:

If other owners:

Signature of the Owner or Authorized Agent

Signature of Owner

The above application for an amendment to the City of Davenport's Comprehensive Plan: October 1990, 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: