



**LEVEL 4  
LAND DEVELOPMENT CODE  
COMPREHENSIVE PLAN  
AMENDMENT APPLICATION**

**Office of Planning and Development  
Land Development Division**  
330 W. Church St.  
P.O. Box 9005, Drawer GM03  
Bartow, FL 33831-9005  
Phone (863)534-6792  
FAX (863) 534-6407

TYPE OF AMENDMENT

Land Development Code     Text         Sub-district

Comprehensive Plan         Text         Large Scale Map     Small Scale Map

Is property in a Selected Area Plan (SAP)     Yes     No

SAP Name \_\_\_\_\_

Pre Application Project # \_\_\_\_\_ (Required)

	Owner	Applicant	Contact Person
<b>Name</b>			
<b>Work Number</b>			
<b>Fax Number</b>			
<b>Mailing Address</b>			
<b>Email</b>			

*If additional contacts, please list on a separate sheet and submit with application.*

**Brief Description Request** *(No more than 250 characters):*

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**Request From:** \_\_\_\_\_ Land Use/Sub-District

**To:** \_\_\_\_\_ Land Use/Sub-District

**Acreage:** \_\_\_\_\_

	<b>Range - Township - Section</b>	<b>Subdivision #</b>	<b>-</b>	<b>Parcel #</b>
<b>Parcel ID Number(s):</b>	<u>  R    T    S</u>	_____	-	_____.
		<i>(Include others on a separate attachment)</i>		
	<u>  R    T    S</u>	_____	-	_____.
	<u>  R    T    S</u>	_____	-	_____.
	<u>  R    T    S</u>	_____	-	_____.

**Address and Location of Property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water Provider Name and Phone Number:** \_\_\_\_\_.

**Sewer Provider Name and Phone Number:** \_\_\_\_\_.

Yes  No      **Is the property located in the Green Swamp Area of Critical State Concern?** *(If yes, a Green Swamp Impact Assessment Statement must be submitted with this application.)*

Identify existing uses and structures on subject and surrounding properties (e.g. vacant, residential # du/ac, commercial approx. square feet, etc.):

NW	N	NE
W	<b>Subject Property</b>	E
SW	S	SE

***Approval of this application does not waive any other applicable provisions of the Polk County Land Development Code, the Polk County Comprehensive Plan, the Polk County Utility Code which are not part of the request for this application, nor does approval waive any applicable Florida Statutes, Florida Building Code, Florida Fire Prevention Code, or any other applicable laws, rules, or ordinances, whether federal, state or local. The applicant has the obligation and responsibility to be informed of and be in compliance with all applicable laws, rules, codes and ordinances.***

I, \_\_\_\_\_ (print name), the owner of the property which is the subject of this application, or the authorized representative of owner of the property which is the subject of this application, hereby authorize representatives of Polk County to enter onto the property which is the subject of this application to perform any inspections or site visits necessary for reviewing this application. I understand that representatives of Polk County are not authorized to enter any structures dwellings which may be on the property.

John B. Allen \_\_\_\_\_

\_\_\_\_\_

Property owner or property owner's authorized representative.

Date: