



**Marion County  
Board of County Commissioners**

Growth Services

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2600  
Fax: 352-438-2601

**MARION COUNTY APPLICATION FORM FOR LARGE- AND SMALL-SCALE  
COMPREHENSIVE PLAN AMENDMENTS**

Staff Use Only: **Case # 1**\_\_ - \_\_\_\_\_

<b>PLEASE CHECK THE APPROPRIATE APPLICATION TYPE BELOW:</b>	
<b>LARGE-SCALE MAP AMENDMENT</b> _____ <b>TEXT AMENDMENT</b> _____	<b>SMALL-SCALE MAP AMENDMENT</b> _____ <b>TEXT AMENDMENT</b> _____ <i>(Text amendment must be associated with submitted small-scale map amendment)</i>

**REQUIRED DOCUMENTS TO ATTACH TO APPLICATION (add additional pages if necessary):**

- 1) Certified legal description with a boundary sketch signed by a Florida registered surveyor for the specific property proposed to be amended. Certified legal description must include the acreage.
- 2) Copy of the most recent deed covering the property included within the proposed amendment.
- 3) Notarized owner affidavit(s) – see third page of this form.
- 4) Application fee – cash or check made payable to “Marion County Board of County Commissioners.”
- 5) Additional information, including proposed text amendment language, necessary to complete application.

**(NOTE: If applying for text amendment only, skip filling out the rest of the form except for applicant and/or authorized agent contact information requested on this page.)**

Marion County Tax Roll Parcel Number(s) Involved	Parcel Section, Township, Range (S-T-R)	Acreage of Parcel(s)	Current Future Land Use Category	Proposed Future Land Use Category

<b>CONTACT INFORMATION (NAME, ADDRESS, PHONE NUMBER, FAX AND EMAIL)</b>	
Property owner/applicant	Authorized agent (if not the owner/applicant)

**Staff Use Only:** Application Complete – Yes    Received: Date \_\_\_/\_\_\_/\_\_\_    Time \_\_\_:\_\_\_ a.m. / p.m.    **Page 1 of 3**

*“Meeting Needs by Exceeding Expectations”*

**CONCEPTUAL PLAN FOR SITE AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_**  
**(IF YES, PLEASE ATTACH TO APPLICATION)**

**EXISTING USE OF SITE:**

**PROPOSED USE OF SITE (IF KNOWN):**

**WHICH UTILITY SERVICE AND/OR FACILITY WILL BE UTILIZED FOR THE SITE?**

Well \_\_\_\_\_ Centralized water \_\_\_\_\_ Provider \_\_\_\_\_

Septic \_\_\_\_\_ Centralized sewer \_\_\_\_\_ Provider \_\_\_\_\_

**DIRECTIONS TO SITE FROM GROWTH SERVICES BUILDING (2710 E. SILVER SPRINGS BLVD., OCALA):**

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**PROPERTY OWNER AFFIDAVIT**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME THIS DAY PERSONALLY APPEARED \_\_\_\_\_,  
Property owner's name, printed  
WHO BEING DULY SWORN, DEPOSES AND SAYS THAT:

1. He/she is the owner of the real property legally identified by Marion County Parcel numbers:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
2. He/she duly authorizes and designates \_\_\_\_\_ to act in his/her behalf for the purposes of seeking a change to the future land use map designation of the real property legally described by the certified legal description that is attached with this amendment request;
3. He/she understands that submittal of a Comprehensive Plan map and/or text amendment application in no way guarantees approval of the proposed amendment;
4. The statements within the Comprehensive Plan map and/or text amendment application are true, complete and accurate;
5. He/she understands that all information within the Comprehensive Plan map and/or text amendment application is subject to verification by county staff;
6. He/she understands that false statements may result in denial of the application; and
7. He/she understands that he/she may be required to provide additional information within a prescribed time period and that failure to provide the information within the prescribed time period may result in the denial of the application.
8. He/she understands that if he/she is one of multiple owners included in this amendment request, and if one parcel is withdrawn from this request, it will constitute withdrawal of the entire amendment application from the current amendment cycle.

\_\_\_\_\_  
Property owner's signature \_\_\_\_\_  
Date

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by  
(Date)

\_\_\_\_\_. He/she is personally known to me or has produced  
(Property owner's name)

\_\_\_\_\_ as identification.  
(Driver's license, etc.)

\_\_\_\_\_  
Notary public signature

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires: \_\_\_\_\_