



Martin County, Florida
 Growth Management Department
 COMPREHENSIVE PLANNING DIVISION
 2401 SE Monterey Road, Stuart, FL 34996 772-288-5495 www.martin.fl.us

COMPREHENSIVE PLAN AMENDMENT APPLICATION

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A. GENERAL INFORMATION

Type of Application:

Name or Title of Project:

Future Land Use Map Amendment:

Location of Project and Description of Proposal:

Parcel Control Number(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Project within a CRA? YES/NO Which One?

Size of Project (Acres): _____

Current Future Land Use Designation: _____

Current Zoning Designation: _____

Proposed Future Land Use Designation: _____

Proposed Zoning Designation: _____

Text Amendment

Proposed Elements to Amend:

B. APPLICANT INFORMATION

Property Owner: _____

Company Representative: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

Agent: _____

Company Representative: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

Contract Purchaser: _____

Company Representative: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

Land Planner: _____

Company Representative: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

Traffic Engineer: : _____

Company Representative: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

Attorney: : _____

Company Representative: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

Other Professional: : _____

Company Representative: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Email: _____

C. Applicant or Agent Certification:

I have read this application, and to the extent that I participated in the application, I have answered each item fully and accurately.

Applicant Signature

Date

Printed Name

NOTARY ACKNOWLEDGMENT

STATE OF: _____ **COUNTY OF:** _____

The foregoing instrument was acknowledged before me by means of ___physical presence or ___online notarization, this _____ day of _____, 20____, by _____

Notary Public Signature

printed name

He or She ___ is personally known to me or ___ has produced identification.

STATE OF: _____ **at-large:** _____

Applicant declares:

He/she understands that this application is submitted pursuant to Chapter I, Section 1-11 of the Martin County Comprehensive Growth Management Plan and Chapter 163, Part II (The Community Planning Act) of the Florida Statutes. The public record of this matter will consist of this application, the exhibits, documents or other materials prepared by the applicant and submitted to the Martin County Growth Management Department; information or materials the Martin County Growth Management Department may submit: public comment submitted through the Martin County Growth Management Department; and comments made at public hearings related to this application.

Please submit the application to: Martin County Growth Management Department
2401 SE Monterey Road, Stuart, FL 34996.

Completeness of application is the responsibility of the applicant. Applications not complete by the sufficiency due date will be returned to the applicant.

Applicant/Owner:

Signature of Applicant

Printed Name

Applicant Agent:

Signature of Agent

Printed Name

Note: The above noted agent, or owner, if no agent is listed, address and phone number will be used by the County as the single contact for all correspondence and other communication.