



DEPARTMENT OF DEVELOPMENT & PLANNING

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 (850) 248-0506

**APPLICATION TO AMEND THE FUTURE LAND USE MAP (FLUM)
 SMALL SCALE**

Deadline to submit is 30 days prior to the first Tuesday of the following month

Application Information

Property owner:	
Mailing Address:	
Telephone/Fax Number:	
Agent/Contact (if different):	
Mailing Address:	
Telephone/Fax Number:	
Requested action:	Small Scale FLUM Amendment (\$1450)
Location:	
Bay County Parcel Number(s):	
Size:	
Existing uses on the site:	
Current Future Land Use Map category:	
Proposed Future Land Use Map category:	
Existing Tax Classification:	
Proposed Tax Classification:	

(If applicant does not own the property, give name, address, and telephone number of Owner.

Explain circumstances that give rise to the need for this amendment:

List of objectives and policies of the Future Land Use Element and other affected elements with which the proposed amendment is compatible.

Compatibility

Direction	Adjacent Existing Uses	Adjacent Future Land Use
North		
South		
East		
West		

Concurrency

Water system connection located at _____.

Sewer system connection located at _____.

Current allowable density/intensity _____

Proposed allowable density/intensity _____

If proposed allowable density/intensity is greater than what is currently allowable, the Applicant must provide the following concurrency information, regarding the impact on infrastructure that the proposed Future Land Use Map Amendment will have on public facilities:

Facility	Land Use	ITE Code	#Units/ Sq. ft.	Employees/ Residents (assume 2.5 per unit)	Demand per unit	Total Demand
<i>Potable water demand</i>						
Current FLUM					135 GPD	
Proposed FLUM					135 GPD	
Difference						
Source:						
Capacity in system:						
Projected demand/impact in five (5) years:						
Capacity available: Yes () No ()						
<i>Wastewater demand</i>						
Current FLUM					106 GPD	
Proposed FLUM					106 GPD	
Difference						
Source:						
Capacity in system:						
Projected demand/impact in five (5) years:						
Capacity available: Yes () No ()						
<i>Solid Waste demand</i>						
Current FLUM						
Proposed FLUM						
Difference						
Source:						

Capacity in system:			
Projected demand/impact in five (5) years:			
Capacity available: Yes () No ()			

Please provide an analysis of character of any vacant lands, in order to determine suitability for use, including:

- () Soils
- () Topography, including flood prone areas
Flood Zone Category_____
- () Historic Resources that are present
- () Natural Resources that are present:

Identify any of the following natural resources or features present on or adjacent to the subject property. Provide maps if applicable. An environmental analysis may be required for amendments currently designated Conservation or Recreation Open/Space on the FLUM or if the property may contain environmentally sensitive lands.

Natural Resources	Yes	No
Rivers, Creeks, Streams, Bays, Bayous, Lakes		
<i>Identify:</i>		
Wetlands		
<i>Identify:</i>		
Threatened or endangered species		
<i>Identify:</i>		

NOTE: Information can be downloaded from GIS

Whether the site contains habitat for species listed by federal, state or local agencies endangered, threatened or species of special concern.

- () No
- () Yes If yes, identify the species and show the habitat location on a map.

Provide the most recent aerial photograph (minimum of ¼ mile radius) available from the Property Appraiser's Office. The information required by the following (a-f) should be shown on the aerial photo:

- a) Location in relation to surrounding physical features, such as streets, railroads, water bodies, etc. Names of all adjacent streets and other physical features must be shown.
- b) North direction arrow.
- c) Township, range and section.
- d) Existing land uses of the site and all adjacent properties, and Future Land Use designation.
- e) Dimensions of the site (length, width, etc.) in linear feet.
- f) Size of the site in square feet or acres.

Hurricane Evacuation Zone Category _____

(Hurricane evacuation is based on the number of persons requiring evacuation, availability of hurricane shelter spaces, and evacuation routes and times)

Transportation:

- a) Roadways serving the site (indicate lineage, functional classification and right-of-way), current level of service (LOS), and LOS standard.

_____.

- b) Projected LOS (indicate year) under existing designation

_____.

- c) Projected LOS (indicate year) under proposed designation (calculate anticipated number of trips and distribution on roadway network, and identify resulting changes to the projected LOS).

_____.

- d) Improvements/expansions (including right-of-way acquisition) already programmed or needed as a result of the proposed amendment.

_____.

- e) Evaluation consistency with the adopted MPO plan and FDOT's 5-Year Transportation Plan.

- f) Traffic Circulation Element amendment submitted in conjunction with Future Land Use Map amendment, if required. Yes____ No____.
- g) Capital Improvements Element amendment submitted in conjunction with Future Land Use Map amendment, if required. Yes____ No____.

A traffic study will be required. Appropriate mitigation measures, if applicable, shall be included in the analysis.

Estimation of additional school students (for school capacity analysis):_____.

Certification and Authorization

By my signature hereto, I do hereby certify that the information contained in this Application is true and correct, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this Application and/or revocation of any approval based upon this Application.

I do hereby authorize City of Lynn Haven staff to enter my property for the purpose of site inspection.

I do hereby authorize the placement of a public notice sign(s) on my property at a location(s) to be determined by City staff.

I have read and understand the attached information concerning this application.

Owner's Signature ¹

Date

Owner's Name (type or print)

Title and Company (if applicable)

STATE OF _____
COUNTY OF _____

Signed and sealed before me this _____ day of _____, _____,
by _____, who is personally known to me, or

who has produced _____ as
identification and who did/did not take an oath.

Notary Public

My Commission Expires:

Applicant's Signature, if not owner

Date

Applicant's Name (type or print)

Title and Company (if applicable)

STATE OF _____
COUNTY OF _____

Signed and sealed before me this _____ day of _____,
by _____, who is personally known to me, or
who has produced _____ as
identification and who did/did not take an oath.

Notary Public

My Commission Expires:

¹ A notarized agent authorization is required if the applicant is not the owner and the owner is allowing the applicant to act on his behalf.

Please attach:

- Required Fee
 - Survey
- _____

