

**FUTURE LAND USE MAP AMENDMENT APPLICATION**  
(Revised 03/25/2020)

**INSTRUCTIONS**

Please contact our office at (595-3475) to make an appointment with a Planner to personally discuss your site and prospective plans for it, and to review the application form with you to answer any questions you may have.

It is important for the application packet to be complete and on time in order to process and schedule your request for the required public hearing(s). The Planning Board holds public hearings once a month. Application closing dates for these hearings are provided in the attached schedule (Attachment A). In order for your application to move through the process in a timely manner, it is important for all items on the application to be completed. Incorrect or missing information could delay the hearing of your request. **NOTE:** The applicant, or his/her agent, must be present at the Planning Board meeting. It is also highly recommended that he or she be present at the subsequent Board of County Commissioners meeting.

**An application is not considered complete until all of the items listed on the Future Land Use Map Amendment Application Checklist (attached herein) are received.**

Please note the completion and notarized certification(s) required herein. The owner and/or agent acting in his/her behalf, must sign the certification(s) where indicated on the application. Signatures must be properly notarized. If an agent is handling the request, the owner must sign the application and submit an Affidavit of Ownership & Limited Power of Attorney (attached herein) authorizing said agent to act in his/her behalf.

**FEES:** Application fees can be found on the Escambia County website at:  
<https://myescambia.com/our-services/development-services/planning-zoning/rezoning/planning-board/planning-board-forms>

**Please remember, the Planning Board meets only once a month. Applications received after the deadline for a particular meeting will not be heard until the following meeting.**

**NOTE:** Whenever an applicant would like any County Staff member to appear and testify at a hearing other than the normal public hearings required to process your request, a minimum notification of 5-10 days to the individual staff member and the Development Services Department is required in advance of the hearing.

**FUTURE LAND USE MAP AMENDMENT  
APPLICATION**

**CHECKLIST**

1. \_\_\_\_\_ **Owner(s) Name, Home Address and Telephone Number. An email address is optional (see form herein).**
2. \_\_\_\_\_ **Letter of request, including reason(s) for map amendment and desired future land use category**
3. \_\_\_\_\_ **Completed Application which includes (Notarized Affidavit of Ownership and Authorization, Notarized Affidavit of Ownership and Limited Power of Attorney if agent will act in owner's behalf, and Concurrency Determination Acknowledgement.)**
4. \_\_\_\_\_ **Proof of Ownership (Copy of Warranty Deed or Tax Notice) Also need copy of Contract for Sale if the change of ownership has not yet been recorded.**
5. \_\_\_\_\_ **Street Map depicting general property location**
6. \_\_\_\_\_ **Legal Description of exact property area proposed for a future land use map amendment, including:**
  - \_\_\_\_\_ **Street Address**
  - \_\_\_\_\_ **Property Reference Number(s)**
  - \_\_\_\_\_ **Boundary Survey**
  - \_\_\_\_\_ **Total acreage requested for amendment**
7. \_\_\_\_\_ **Land Use Map Amendment Application fee**
8. \_\_\_\_\_ **Complete Data and Analysis (See applicable page herein)**

**FUTURE LAND USE MAP AMENDMENT APPLICATION**

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**(THIS SECTION FOR OFFICE USE ONLY):**

TYPE OF REQUEST: SMALL SCALE FLU AMENDMENT \_\_\_\_\_  
LARGE SCALE FLU AMENDMENT \_\_\_\_\_

Current FLU: \_\_\_\_\_ Desired FLU: \_\_\_\_\_ Zoning: \_\_\_\_\_ Taken by: \_\_\_\_\_

Planning Board Public Hearing, date(s): \_\_\_\_\_

BCC Public Hearing, proposed date(s): \_\_\_\_\_

Fees Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

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**OWNER'S NAME AND HOME ADDRESS AS SHOWN ON PUBLIC RECORDS OF  
ESCAMBIA COUNTY, FL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

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**DESCRIPTION OF PROPERTY:**

Street address: \_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_  
\_\_\_\_\_

Property reference number: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Size of Property (acres) \_\_\_\_\_

**AFFIDAVIT OF OWNERSHIP AND AUTHORIZATION FOR  
FUTURE LAND USE CHANGE REQUEST**

**By my signature, I hereby certify that:**

- 1) I am duly qualified as owner or authorized agent to make such application, this application is of my own choosing, and staff has explained all procedures relating to this request; and
- 2) All information given is accurate to the best of my knowledge and belief, and I 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; and
- 3) I understand there are no guarantees as to the outcome of this request, the application fee is non-refundable; and
- 4) The signatory below will be held responsible for the balance of any advertising fees associated with required public hearings for this amendment request (Payment due within 90 days of invoice date) or future planning and zoning applications will not be accepted; and
- 5) I authorize placement of a public notice sign(s) on the property referenced herein at a location(s) to be determined by County Staff.

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Signature (Property Owner) Printed Name Date

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Signature (Agent's Name (or owner if representing oneself) Printed Name Date

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 2020, produced current \_\_\_\_\_ as identification.

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Signature of Notary Public Date Printed Name of Notary

My Commission Expires \_\_\_\_\_ Commission No. \_\_\_\_\_

(Notary seal must be affixed)

**AFFIDAVIT OF OWNERSHIP AND LIMITED POWER OF ATTORNEY**

As owner of the property located at \_\_\_\_\_,  
Pensacola, Florida, Property Reference Number(s)  
\_\_\_\_\_, I hereby designate \_\_\_\_\_,

for the sole purpose of completing this application and making a presentation to the Planning Board, sitting as the Local Planning Agency, and the Board of County Commissioners, to request a change in the Future Land Use on the above referenced property.

This Limited Power of Attorney is granted on this \_\_\_\_\_ day of \_\_\_\_\_, the year of \_\_\_\_\_, and is effective until the Board of County Commissioners has rendered a decision on this request and any appeal period has expired. The owner reserves the right to rescind this Limited Power of Attorney at any time with a written, notarized notice to the Planning and Zoning Department.

\_\_\_\_\_  
Signature of Property Owner                      Date                      Printed Name of Property Owner

\_\_\_\_\_  
Signature of Agent                      Date                      Printed Name of Agent

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

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 2020, produced current \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public                      Date                      Printed Name of Notary Public

Commission Number \_\_\_\_\_ My Commission Expires \_\_\_\_\_

(Notary seal must be affixed)

**FUTURE LAND USE MAP AMENDMENT APPLICATION  
CONCURRENCY DETERMINATION ACKNOWLEDGMENT**

Project name: \_\_\_\_\_

Property reference #: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Parcel # \_\_\_\_\_

Project Address: \_\_\_\_\_

I/We acknowledge and agree that no future development permit (other than a rezoning/reclassification) shall be approved for the subject parcel(s) prior to the issuance of a certificate of concurrency for such proposed development based on the densities and intensities contained within such future development permit application.

I/We also acknowledge and agree that no development permit or order (other than a rezoning/reclassification) will be issued at that time unless at least one of the concurrency management system standards is met as contained in the Escambia County Code of Ordinances, Part II, Section 6.04, namely:

- (1) The necessary facilities and services are in place at the time a development permit is issued; or
- (2) A development permit is issued subject to the condition that the necessary facilities and services will be in place when the impacts of the development occur; or
- (3) The necessary facilities are under construction at the time a permit is issued; or
- (4) The necessary facilities and services are the subject of a binding executed contract for the construction of the facilities or the provision of services at the time the development permit is issued. NOTE: This provision only relates to parks and recreation facilities and roads. The LDC will include a requirement that the provision or construction of the facility or service must commence within one (1) year of the Development Order or Permit; or
- (5) The necessary facilities and services are guaranteed in an enforceable development agreement. An enforceable development agreement may include, but is not limited to, development agreements pursuant to Section 163.320, Florida Statutes or an agreement or development order issued pursuant to Chapter 380, Florida Statutes. Any such agreement shall include provisions pursuant to paragraphs 1, 2, or 3 above.
- (6) The necessary facilities needed to serve new development are in place or under actual construction no more than three (3) years after issuance, by the County, of a certificate of occupancy or its functional equivalent. NOTE: This provision only relates to roads.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE STATEMENT ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Owner's name (print)

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Agent's name (print)

### DATA AND ANALYSIS REQUIREMENTS

1. A comparative analysis of the impact of both the current and the proposed future land use categories on the following items, presented in tabular format, based on data taken from professionally accepted existing sources, such as the US Census, State University System of Florida, National Wetland Inventory Maps, regional planning councils, water management districts, or existing technical studies. The data should show that the infrastructure is available to support the most intense development allowed under the requested Future Land Use category, regardless of what type of development is proposed.
  - A. Sanitary Sewer
  - B. Solid Waste Disposal
  - C. Potable Water
  - D. Stormwater Management
  - E. Traffic
  - F. Recreation and Open Space
  - G. Schools

The data and analysis should also support the requested future land use category by reflecting a need for that category. For example, a future land use request from Agricultural to Residential would need an analysis demonstrating the need for additional Residential acreage in the County.

2. Proximity to and impact on the following:
  - A. Wellheads (indicate distance and location to nearest wellhead)
  - B. Historically significant sites (available from Florida Master Site File, Division of Historical Resources; email [sitfile@dos.state.fl.us](mailto:sitfile@dos.state.fl.us)) Request form attached.
  - C. Natural Resources, including wetlands (a wetlands survey is highly recommended if wetlands are located on the property)
3. An analysis of consistency with the Escambia County Comprehensive Plan, with reference to applicable sections therein



## Florida Master Site File TRS Search

Preliminary Investigation of Previously Recorded Cultural Resources

To request a search for previously recorded cultural resources, fill in the **Township** (circle North or South), **Range** (circle East or West), & **Section** number(s) of your project area.

**Please include a photocopy of the appropriate USGS quad map with your project area clearly marked.**

<b>Township:</b> _____ (North or South)	<b>Range:</b> _____ (East or West)
<b>Sections</b> (include all affected): _____	
<b>County</b> (include all affected): _____	<b>USGS Quad</b> (if known): _____
<hr/>	
<b>Township:</b> _____ (North or South)	<b>Range:</b> _____ (East or West)
<b>Sections</b> (include all affected): _____	
<b>County</b> (include all affected): _____	<b>USGS Quad</b> (if known): _____
<hr/>	
<b>Township:</b> _____ (North or South)	<b>Range:</b> _____ (East or West)
<b>Sections</b> (include all affected): _____	
<b>County</b> (include all affected): _____	<b>USGS Quad</b> (if known): _____
<hr/>	
<b>Township:</b> _____ (North or South)	<b>Range:</b> _____ (East or West)
<b>Sections</b> (include all affected): _____	
<b>County</b> (include all affected): _____	<b>USGS Quad</b> (if known): _____
<hr/>	

Return To: Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

**Agency/Permit/Project requiring search:** \_\_\_\_\_

### Florida Master Site File

Division of Historical Resources / R.A. Gray Building  
500 South Bronough St., Tallahassee, Florida 32399-0250  
Phone 850.245.6440 / Fax 850.245.6439 / Email [sitefile@dos.state.fl.us](mailto:sitefile@dos.state.fl.us)