County of Monroe

Department of Planning
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Board of County Commissioners
Mayor Murray E. Nelson, Dist. 5
Mayor Pro Term David P. Rice, Dist.4
Dixie Spehar, Dist. 1
George Neugent, Dist. 2
Charles "Sonny" McCoy, Dist. 3

LIVABLE COMMUNIKEYS MAP CHANGE REQUEST

Please be advised that under Livable Communikeys, individual map amendments will be dealt with in a comprehensive amendment process. While map amendment applications are currently accepted, additional participation in the Livable CommuniKeys comprehensive amendment process may be necessary to resolve inconsistencies with zoning changes resulting from the CommuniKeys process.

A) Name(s) of Property Owner(s)_____

_____

Mailing Address _____

City_____**State**_____**ZIP Code**_

B) Applicant/Agents Name (if different than owner) _____

Firm_____

Mailing Address _____

City _____**State**_____**ZIP Code**_

Telephone: Office _____**Home:**_____

C) Legal Description of Property: Real Estate Number _____

Key _____**Street**_____

Mile Marker _____**Section** _____ **Township**_____**Range**_____

Subidvision _____

Lot(s) _____**Block**_____**Lots(s)**_____**Block**_____

Metes & Bounds description if not in a subdivision (attach additional if necessary)_

_____

D) **Current Future Land Use Map Designation** _____

Proposed Future Land Use Map Designation _____

E) **Current Land Use District Designation** _____

Proposed Future Land Use District Designation _____

F) **Size of Parcel** _____

G) **Existing Use: If the property is developed, describe in general terms the existing use of the property, such as the type of use, number of residential units or the gross floor area of the commercial development.**

_____

_____

Please State the request for the change

_____

_____

H) **Additional information may be required to process map amendments. However, because the changes are County sponsored, the application fee will be waived. At the time of the Livable Communikeys map amendment process a member from the Planning Department will contact the applicant to determine if the applicant wishes to pursue the amendment.**

I certify that I am familiar with the information contained in this application, and to the best of my knowledge such information is true, complete, and accurate.

Applicant _____ **Date** _____ _____

Signature **Print Name**

Before me this day personally appeared _____, **Who is personally known to me or has produced** _____ **as identification.**

Sworn to and subscribed before me this _____ **day of** _____ **A.D. 200**_

State of Florida
County of Monroe

NOTARY PUBLIC

_____

Print _____

State of _____

My Commission Expires