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

Staff Use Only: Case # 1__- ________

<table>
<thead>
<tr>
<th>PLEASE CHECK THE APPROPRIATE APPLICATION TYPE BELOW:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LARGE-SCALE MAP AMENDMENT  ____  TEXT AMENDMENT ______</td>
</tr>
<tr>
<td>SMALL-SCALE MAP AMENDMENT______ TEXT AMENDMENT ________</td>
</tr>
<tr>
<td>(Text amendment must be associated with submitted small-</td>
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<tr>
<td>scale map amendment)</td>
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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.)

<table>
<thead>
<tr>
<th>Marion County Tax Roll Parcel Number(s) Involved</th>
<th>Parcel Section, Township, Range (S-T-R)</th>
<th>Acreage of Parcel(s)</th>
<th>Current Future Land Use Category</th>
<th>Proposed Future Land Use Category</th>
</tr>
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CONTACT INFORMATION (NAME, ADDRESS, PHONE NUMBER, FAX AND EMAIL)

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?

<table>
<thead>
<tr>
<th>Well</th>
<th>Centralized water</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic</td>
<td>Centralized sewer</td>
<td>Provider</td>
</tr>
</tbody>
</table>

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

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Page 2 of 3
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

____________________________________.  He/she is personally known to me or has produced

(Date)

(Property owner’s name)

(Owner’s name)

(Driver’s license, etc.)

____________________________________
Notary public signature

State of ________________ County of ________________
My commission expires: __________________________