

6700 SE 221<sup>st</sup> Street PO Box 1270 Hawthorne, FL 32640 Telephone (352) 481-2432 Fax (352) 481-2437

## **CITY OF HAWTHORNE**

## COMPREHENSIVE PLAN AMENDMENT APPLICATION

| Name of Applicant(s)   |
|--|
| Address  |
| Telephone  |
| Name of Applicant's Agent (if applicable)  |
| Address  |
| Telephone  |
| Please complete the following for proposed amendments to the Future Land Use Plan Map. For amendments to the text of the Comprehensive Plan, which do not require a Future Land Use Plan amendment, please omit responses to Part I and only complete Part II of this application. |
| PART I   |
| Legal Description of property:   |
|  |
|  |
|  |
| Total Acreage of land to be considered under this amendment:   |
| Present Use: (commercial, industrial, residential, agricultural, vacant, etc.)   |
| Present Future Land Use Plan Map Category  |
|  |
| Requested Future Land Use Plan Map Category  |
|  |

| PART II   |   |  |
|---|---|--|
| For amendments to the text of the Comprehensive Plan, please provide in the space provided below (or attach additional pages) the text of the proposed amendment. |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
| I hereby certify that all of the above statements and st<br>submitted herewith are true and accurate to the best of   | • • • •                                 |  |
| If title holder(s) are represented by an agent, a letter of addressed to the City Manager must be attached.   | of designation from the title holder(s) |  |
| Applicant/Agent Name  |   |  |
|   |   |  |
| Applicant/Agent Signature   | Date                                    |  |