



## CITY OF NORTH PORT

Development Services

Planning Division

developmentpetitions@northportfl.gov

### Comprehensive Plan Amendment Packet

The following items are to be included in the submission:

- Comprehensive Plan Amendment Application
- Affidavit(s)
- Comprehensive Plan Amendment Checklist
- Comprehensive Plan Amendment Fee Sheet
- Billable Fee Payment Agreement

**\*Note\***

Please be advised that each application is considered a separate petition and will be reviewed as such. Packets will not be processed if incomplete or missing requested information.

If there is more than one property owner of the subject property, all owners must complete an affidavit.

There are additional costs included with this application. Fees for legal advertisements and adjacent property owner notifications will be billed to the applicant at actual cost. These costs shall be paid in full before any development orders/orders of approval are issued.



# CITY OF NORTH PORT

Development Services  
Planning Division  
4970 City Hall Boulevard  
North Port, FL 34286-4100  
www.northportfl.gov  
Phone (941) 429-7156

DATE RECEIVED – DATE STAMP

## COMPREHENSIVE PLAN AMENDMENT APPLICATION

**Upon making any application to the City for any reason, the applicant agrees to comply with all the requirements of the Unified Land Development Code and further agrees to allow authorized city staff and personnel to enter and inspect the property during normal business hours**

### Type of Comprehensive Plan Amendment:

Text Amendment     Small Scale     Large Scale

**Project Name:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Name of Corporation/LLC (If Applicable):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **FAX No.** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Property Owner: (if different from the applicant above)** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **FAX No.** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Engineer: (If Applicable)** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **FAX No.** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Attorney: (If Applicable)** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of Surveyor:** *(If Applicable)* \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Description:** *(Please list additional PID's on a separate sheet of paper) (Information can be found at <http://www.sc-pa.com/testsearch/>)*

Parcel I.D. No(s): 1. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal: Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_ Tract or Parcel: \_\_\_\_\_

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

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Acreage: \_\_\_\_\_

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

**Purpose of Application:** Please briefly state what the intended use of the property will be or why you are making this application (e.g. general project description).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has this property undergone previous City development review and approval?**

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, when? (Month/Date/Year) \_\_\_\_\_

**Existing land use** *(e.g., house, commercial structure, vacant):* \_\_\_\_\_

**Surrounding existing land uses/zoning of adjacent properties:**

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

**Is property located near a Gateway?** No: \_\_\_\_\_ Yes: \_\_\_\_\_ (distance) \_\_\_\_\_ feet

**Adopted Future Land Use Map Designation:** \_\_\_\_\_

**Proposed Future Land Use Map Designation:** \_\_\_\_\_

**Adopted Zoning Map Designation:** \_\_\_\_\_

**Proposed Zoning Map Designation:** \_\_\_\_\_

**Provide the following information relative to the proposed amendment:**

- \_\_\_\_\_ Total acres
- \_\_\_\_\_ Total wetland acres
- \_\_\_\_\_ Total commercial acres
- \_\_\_\_\_ Total residential acres
- \_\_\_\_\_ Total government acres
- \_\_\_\_\_ Total industrial acres
- \_\_\_\_\_ Total park acres
- \_\_\_\_\_ Total number of lots
- \_\_\_\_\_ Total number of residential units
- \_\_\_\_\_ Total building square footage of commercial use
- \_\_\_\_\_ Total building square footage of industrial use
- \_\_\_\_\_ Total building square footage of government use
- \_\_\_\_\_ Floor area ratio or dwelling units / acre
- \_\_\_\_\_ Minimum depth of property
- \_\_\_\_\_ Minimum width of property
- \_\_\_\_\_ Percentage of acres devoted to open space and storm water requirements

**TRAFFIC:**

**List the Roadways immediately serving the site:**

\_\_\_\_\_

\_\_\_\_\_

**List the Roadways serving this site with existing or anticipated curb-cuts (driveways) and if any, designate on site plan:**

\_\_\_\_\_

\_\_\_\_\_

**Nearest:** Traffic Control Light: \_\_\_\_\_ (feet) Stop Sign: \_\_\_\_\_ (feet)

**UTILITIES:**

**How will Potable Water service be provided?** Please contact North Port Utilities (941) 240-8000.

- \_\_\_\_\_ Private Well (Submit a letter or application from the Sarasota County Department of Health.)
- \_\_\_\_\_ North Port Utilities (Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)

**How will Sanitary Sewer service be provided?** Please contact North Port Utilities (941) 240-8000.

- \_\_\_\_\_ Private Septic System (If property is located in the Conservation Restricted Overlay Zone a class 1 aerobic water treatment system is required for single family home sites. Submit a letter or application the Sarasota County Department of Health.)
- \_\_\_\_\_ North Port Utilities (Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)

**STORMWATER:** Please contact the City Stormwater Manager/Environmentalist at (941) 240-8321.

(Flood Information can be found at [www.northportfl.gov](http://www.northportfl.gov) Search: Flood Update)

Is the application site in a FEMA Hazardous Flood Zone? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, what zone? \_\_\_\_\_

Is the application site in the Conservation Restricted Zone? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, what zone? \_\_\_\_\_

Is the application site in the Big Slough Watershed Flood Zone? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, what is the 100-year 1-day flood elevation? \_\_\_\_\_ ft. NGVD

Does the application site contain wetlands? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, existing wetland acres: \_\_\_\_\_

Has the Departmental of Environmental Protection been notified of wetlands? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the property located in the Myakka River Protection Zone? No: \_\_\_\_\_ Yes: \_\_\_\_\_

Is the property adjacent to the Myakka River jurisdictional wetlands? No: \_\_\_\_\_ Yes: \_\_\_\_\_

(If yes, please provide acreage and map of the area and schedule a meeting with City Stormwater Manager/Environmentalist.)

**ENVIRONMENTAL:**

Are there any known Historical or Archaeological sites on the property?

(If unsure, please contact Sarasota County – Division of Historical Resources, (941) 316-1115.)

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Please describe: \_\_\_\_\_

Has an Environmental Assessment Report/Review been prepared for this property?

No \_\_\_\_\_ Yes \_\_\_\_\_ Date survey was conducted: \_\_\_\_\_

Does the property contain gopher tortoise burrows, scrub jay habit, or any plant or animal species listed as “rare”, “threatened”, “endangered”, or “species of special concern” by State and /or Federal agencies? If yes, the applicant will be required to produce documents on how listed species or habitats will be protected or managed at the Site Development stage.

No: \_\_\_\_\_ Yes: \_\_\_\_\_ Please indicate which ones: \_\_\_\_\_

**\*All of the information provided on this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
PrintApplicantName

# Checklist of Required Submittal Items:

## COMPREHENSIVE PLAN AMENDMENT

Please submit digitally to: [PlanningInfo@cityofnorthport.com](mailto:PlanningInfo@cityofnorthport.com) the following for  
distribution to reviewers:

- Exhibit A: Project Narrative**
- Exhibit B: Area Map**
- Exhibit C: Boundary survey** (A legal description and boundary survey signed and sealed by a registered land surveyor in the State of Florida.)
- Exhibit D- Deed and Title Assurance**
- Exhibit E- Articles of Corporation/Articles of Organization** (If Corporation or LLC is applicable)
- Exhibit F: Proposed Development Plan**
- Exhibit G: Environmental Assessment**
- Exhibit H: Certification of payment of taxes and assessments**
- Exhibit I: Transportation Impact Analysis**
- Exhibit J: Utilities availability letter**
- Exhibit K: Any Other Additional Data** (Any additional data, maps, plans, surveys or statements as determined by the City to be necessary for a thorough review.)
- Digital files:** The entire submittal package in PDF format to [developmentpetitions@northportfl.gov](mailto:developmentpetitions@northportfl.gov). Also, please submit all project related spatial information in either CAD .dwg , GIS Shapefile or File Geodatabase format as well. The data must have coordinates in at least 4 corners of the petition area. The Coordinate system must be: A Projected Coordinate System, State Plane, NAD 1983 StatePlane Florida West FIPS 0902 (US Feet).



# CITY OF NORTH PORT

## Comprehensive Plan Amendment

### Fee Sheet

Property Location (Address): \_\_\_\_\_

PID(s) #: \_\_\_\_\_

#### Comprehensive Plan Calculation

Fees	Additional Fees	Total
Small Scale \$2,285	N/A	
Large Scale \$3,800	\$11/Acre ____ Acres	
<b>TOTAL</b>		

-All fees should be made payable to the City of North Port. Fees must be paid prior to the processing of the submittal.

-Other billable fees will be assessed and will be required to be paid by the applicant as stated on the billable fee agreement.

Please contact Planning Staff if you have any questions, 941.429.7156

**BILLABLE FEE PAYMENT AGREEMENT**

I/WE agree to pay all the costs associated with processing this application petition. Payment is due within 10 days of receipt of an invoice, and all processing of the petition will stop if payments are not made within 10 days.

Name(s): \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**I understand and agree to the conditions outlined in this agreement, and certify that all the information provided is correct.**

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicants are billed for Legal Advertisement costs and actual postage costs for Adjacent Property Owner notifications. Fees will vary based on size of advertisement selected by the local newspaper, and amount of property owners to be notified.**

**To be filled out by Planning Staff**  
**Petition Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_**



# AFFIDAVIT

I (the undersigned), \_\_\_\_\_ being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and accurate to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be processed or hearing can be advertised, and that I am authorized to sign the application by the owner or owners. I authorize City of North Port staff and agents to visit the site as necessary for proper review of this application. *If there are any special conditions such as locked gates, restricted hours, guard dogs, etc., please provide the name and telephone number of the individual who can allow access.*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Print Name and Title

**STATE OF** \_\_\_\_\_,

**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged by me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

(Place Notary Seal Below)

\_\_\_\_\_  
Signature - Notary Public

## AFFIDAVIT AUTHORIZATION FOR AGENT/APPLICANT

I, \_\_\_\_\_, property owner, hereby authorize \_\_\_\_\_ to act as Agent on our behalf to apply for this application on the property described as (legal description) \_\_\_\_\_

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

**STATE OF** \_\_\_\_\_,

**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged by me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

(Place Notary Seal Below)

\_\_\_\_\_  
Signature - Notary Public