

**CITY OF MINNEOLA, FLORIDA  
SMALL SCALE COMPREHENSIVE PLAN AMENDMENT  
APPLICATION CHECKLIST (10 acres or less)**

This Checklist is based on the relevant provisions of Chapter 98-4(a) Small Scale Comprehensive Plan Amendment of the Minneola Florida Code of Ordinances. The Code is available online at [www.municode.com](http://www.municode.com). The requirements below are minimums that may be adjusted in the mandatory pre-application conference.

*The following are required for all Small Scale Comp Plan Amendment Applications:*

- \_\_\_\_\_ 1 – Copy of the Legal Description (could be on the survey)
- \_\_\_\_\_ 1 – Certified copy of the Warranty Deed
- \_\_\_\_\_ 3 – Copies of the Boundary Survey by a Florida licensed surveyor at 24" x 36" – one copy must be signed and sealed.
- \_\_\_\_\_ 10--Copies reduced to no greater than 11" x 17" [reduction does not need signing and sealing]
- \_\_\_\_\_ 1 – Copy of the proposed Future Land Use Map at 8.5" x 11" (color copy only)
- \_\_\_\_\_ 1 – Copy of the completed Application with Checklist forms
- \_\_\_\_\_ 1 – Copy of the signed and notarized Owner's Authorization form (if applicable)
- \_\_\_\_\_ 1 – Copy of only the 1<sup>st</sup> page of the Property Record Cards for all parcels within 300 feet of all sides to the subject parcel in **Microsoft Word format** or....
- \_\_\_\_\_ 1 – Copy of the completed Adjacent Property Owners form in **Microsoft Word format**
- \_\_\_\_\_ 1 – Copy of the completed Adjacent Property Owners address labels
- \_\_\_\_\_ A CD in PDF format which includes the entire application package text and graphics
- \_\_\_\_\_ Non-Refundable Fee of \$1350.

**Transmit To: Planning & Zoning Department, 800 N. U.S. Hwy 27, Minneola, FL 34715  
Phone: 352-394-3598 extension 2200 or 2202**

**Application Review Process**

Development Review Process (DRP)

- The DRP reviewers shall review every application and make recommendations to the Planning & Zoning Commission (P&Z)
- The DRP will provide written comments/recommendations to the applicant and the P&Z

Planning and Zoning Commission (P&Z)

- The Planning Dept (Dept) is responsible to ensure the proper legal advertising is done in a timely manner
- The applicant is responsible to correctly post the required signs on the site in a timely manner and pursuant to the instructions provided by the Dept
- The P&Z will provide written comments to the applicant and the City Council

**Applications need to be submitted by the 1<sup>st</sup> of the month to be considered at the next Planning & Zoning Commission meeting. Any and all supporting documents that need to be reviewed by the Commission need to be submitted by the 15<sup>th</sup> of the same month to be included in the packet for review.**

City Council

- The City Council must conduct two public hearings regarding the proposed amendment
- The Council may defer consideration of the subject application at any time

**CITY OF MINNEOLA, FLORIDA**  
**APPLICATION FOR SMALL SCALE COMPREHENSIVE PLAN AMENDMENT**

The application material described herein is based on the provisions of Section 98-4(a) of the City Code, Chapter 163, Part II, Florida Statutes. **A Small Scale Amendment is one that involves 10 acres or less.**

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

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

Applicant Phone #: \_\_\_\_\_ Fax # or E-mail: \_\_\_\_\_

General Location and/or Street Address: \_\_\_\_\_

Alternate Key Number(s): \_\_\_\_\_

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

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

Owner Phone #: \_\_\_\_\_ Fax # or E-mail: \_\_\_\_\_

Subject Site Area (acres or sq. ft.): \_\_\_\_\_ Present Use: \_\_\_\_\_

Existing County FLUM: \_\_\_\_\_ Existing County Zoning: \_\_\_\_\_

Existing Potable Water Source: \_\_\_\_\_

Existing Sewage Disposal Method: \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed City FLUM: \_\_\_\_\_ Proposed City Zoning: \_\_\_\_\_

Proposed Potable Water Source: \_\_\_\_\_

Proposed Sewage Disposal Method: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Reasons for the request: \_\_\_\_\_

Adjacent Roadway Classification & LOS: \_\_\_\_\_

**CITY OF MINNEOLA, FLORIDA  
APPLICATION FOR SMALL SCALE COMP PLAN AMENDMENT (cont'd)**

**CERTIFICATION**

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs, mailing costs, AND the actual consultants' review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice **OR** further processing of the application will cease until the invoice is paid in full.

**I understand that only application packages that are determined complete by the Department will be scheduled for review.**

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

\_\_\_\_\_  
Date

\*\*\*\*\*  
(For office use: LDR Compliance Fee #01-000-324-100 ~~ Engineering Compliance Fee #01-000-325-100)

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

Application for: \_\_\_\_\_

Amount: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \_\_\_\_\_ Account #: \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_

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**OWNER'S APPLICATION AUTHORIZATION**  
(Required if the property owner of record is not the applicant)

**STATE OF FLORIDA**

**COUNTY OF LAKE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
who being by me first duly sworn on oath, deposes and says:

1. That he/she is the property owner of the subject parcel(s) in this application.
2. That he/she desires to apply for a Small Scale Comprehensive Plan Amendment on land generally located at (insert legal description)

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

3. That he/she has appointed \_\_\_\_\_ to act as agent in his/her behalf to accomplish the above.

\_\_\_\_\_  
Owner's Signature

This is to certify that on \_\_\_\_\_, 20\_\_\_\_ before me,  
an officer duly authorized to take acknowledgments in the State and County aforesaid,

personally appeared \_\_\_\_\_ he/she is

personally known to me or has produced \_\_\_\_\_ as identification  
and Did (Did Not) Take an Oath.

SEAL

\_\_\_\_\_  
Signature of Acknowledger

\_\_\_\_\_  
Acknowledger Name

\_\_\_\_\_  
Serial Number

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

