



FOR OFFICE USE ONLY		
Received Date	_____	
Application #:	_____	
Acceptance Date:	_____	
Review Date:	SRDT _____	P & Z _____ CC _____

Small Scale Future Land Use Map Amendment Application

A. PROJECT

- Project Name: WOLFE BROS. STORAGE Co.
- Address of Subject Property: 4614 Cty. Rd. 209 So. GREEN COVE SPRINGS, FL 32043
- Parcel ID Number(s): 38-06-26-016513-015-0
- Existing Use of Property: INDUSTRIAL, RV, BOAT TRAILER STORAGE
- Future Land Use Map Designation: IND
- Existing Zoning Designation: IB
- Proposed Future Land Use Map Designation: INDUSTRIAL M-2
- Acreage (must be 50 acres or less): 3

B. APPLICANT

- Applicant's Status Owner (title holder) Agent
- Name of Applicant(s) or Contact Person(s): TIM HOWELLS Title: PRES
 Company (if applicable): WOLFE BROS. STORAGE Co.
 Mailing address: P.O. Box 9779
 City: FLEMING ISLAND State: FL ZIP: 32006
 Telephone: (727) 992-1158 e-mail: PROSSERHOWELLS@YAHOO.COM
- If the applicant is agent for the property owner*
 Name of Owner (title holder): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: () _____ e-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. ADDITIONAL INFORMATION

- Is there any additional contact for sale of, or options to purchase, the subject property?
 Yes No If yes, list names of all parties involved:
 If yes, is the contract/option contingent or absolute?
 Contingent Absolute

D. ATTACHMENTS

1. Statement of proposed change, including a map showing the proposed Future Land Use Map change and Future Land Use Map designations on surrounding properties
2. A map showing the zoning designations on surrounding properties
3. A current aerial map (Maybe obtained from the Clay County Property Appraiser.)
4. Legal description with tax parcel number.
5. Boundary survey
6. Warranty Deed or the other proof of ownership
7. Fee.
 - a. \$750, plus
 - b. All applications are subject 10% administrative fee and must pay the cost of postage, signs, advertisements and the fee for any outside consultants.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

All attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Timothy P. Howells
Signature of Applicant

Timothy P. Howells
Typed or printed name and title of applicant

8/2/24
Date

State of FLORIDA County of CLAY

Signature of Co-applicant

Typed or printed name of co-applicant

Date

The foregoing application is acknowledged before me this 7 day of August, 2024, by timothy Howells, who is/are personally known to me, or who has/have produced valid DL as identification.

NOTARY SEAL



KLM
Signature of Notary Public, State of _____