



RECEIVED
JAN 02 2025

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: Parking Expansion Pine Ave
- Address of Subject Property: N Pine Ave
- Parcel ID Number(s): 38-06-26-017678-000-00
- Existing Use of Property: Vacant Wooded Lot
- Future Land Use Map Designation: Neighborhood
- Existing Zoning Designation: Residential Professional Office (RPO)
- Proposed Future Land Use Map Designation: Public
- Acreage (must be 50 acres or less): .143

B. APPLICANT

- Applicant's Status Owner (title holder) Agent
- Name of Applicant(s) or Contact Person(s): Caleb Risinger Title: Acquisitions Manager
 Company (if applicable): Clay County Board of County Commissioners
 Mailing address: PO Box 1366
 City: Green Cove Springs State: Florida ZIP: 32043
 Telephone: (904) 827-3103 e-mail: caleb.risinger@claycountygov.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.

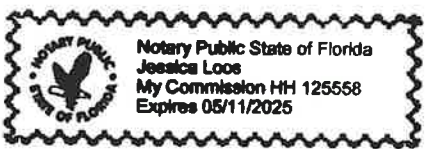
All attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

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

<p><u>Caleb Risinger</u> _____ Signature of Applicant</p> <p>Caleb Risinger (Real Estate Acquisitions Manager) _____ Typed or printed name and title of applicant</p> <p><u>December 30, 2024</u> _____ Date</p> <p>State of <u>Florida</u> County of <u>Clay</u></p>	<p>_____ Signature of Co-applicant</p> <p>_____ Typed or printed name of co-applicant</p> <p>_____ Date</p>
---	--

The foregoing application is acknowledged before me this 30th day of December, 2024 by Caleb Risinger, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL



Jessica Loos

 Signature of Notary Public, State of _____