

Comprehensive Plan Amendment Application



Please complete the application to the best of your knowledge, and submit the completed form and any required materials to the Town of Howey-in-the-Hills, 103 N. Palm Avenue, Howey-in-the-Hills, FL 34737

REQUESTED ACTION:	SMALL SCALE FUTURE LAND USE MAP AMENDMENT: LARGE SCALE FUTURE LAND USE MAP AMENDMENT: TEXT AMENDMENT:
REQUESTED FUTURE LANI	USE DESIGNATION: Medium Density Residential
compare the proposed lar	: (Describe reason for requested amendment. For land use map amendment, please duse with the current land use. Attach separate sheet if necessary.)
The reason for the reque	st is to designate an appropriate future land use for multiple parcels proposed
to be annexed. Given the	e scale and density of recently annexed and entitled projects, the applicant
asserts that the MDR is	an appropriate land use. The applicant does not propose to exceed the 300 unit
threshold, which requires \	fillage Mixed Use. Further, adjacent land uses allow for 4DU/ AC, as the applicant is requesting.
PROPERTY INFORMATION	Parcel Tax ID: 27-20-25-0003-000-03100 Alt. Key: 3852069 Parcel Tax ID: 27-20-25-0002-0000-00200 Alt. Key: 1101051
SHORT PARCEL ID (12 DIG	ITS): Parcel Tax ID: 27-20-25-0001-000-03300 Alt. Key: 3887680 Parcel Tax ID: 28-20-25-0001-000-00100 Alt. Key: 1036119
ADDRESS OF PROPERTY:	umber Two Road
CROSS STREETS: N.A	AND
SIZE OF EXISTING PARCEL:	+/- 161.3ac SQ. FT./ circle one)
LEGAL DESCRIPTION (atta	ch separate sheet if necessary):
	See Attached
ZONING_A	CURRENT FUTURE LAND USE Rural Transition

SURROUNDING LAND USE & ZONING DESIGNATIONS:

	LAND USE	ZONING
NORTH	Urban Low (4DU/AC) & Rural Transition	A & PUD
SOUTH	Rural Transition	A and R-1
EAST	Urban Low (4DU/AC)	PUD
WEST	Rural	Α

	APPLICANT/AGENT:
NAME: Tim Loucks / On behalf of	of Blue Sky Capital Group LLC
COMPANY: Blue Sky Capital Group	p LLC
ADDRESS: 103 Commerce Street,	Suite 160
CITY, STATE, ZIP: Lake Mary, FL 32746	
TELEPHONE: 407-963-1036	FAX:
EMAIL: tim@pibland.com	

OWNER (if different from applicant)		
NAME: Blue Sky Capital Group LLC		
COMPANY: Blue Sky Capital Group LLC		10-22
ADDRESS: 103 Commerce Street, Suite 160		
CITY, STATE, ZIP: Lake Mary, Fl. 32746		
TELEPHONE: 407-963-1036	FAX:	
EMAIL: tim@pibland.com		

SIGNATURE OF APPLICANT: _\S:__

SIGNATURE OF OWNER (if different):

*Please attach a notarized Authorization of Owner and/or notarized Power of Attorney, if applicant is different from owner.

*If owner of the property is a corporation or company, a corporate resolution must be submitted with the application. An original resolution currently on file in the Planning Dept. that is less than one year old may be used. The resolution must state the name of the person(s) who have been resolved by the company as having authority to execute documents on behalf of the company. It must 1) be current; 2) state a termination date; 3) be signed and certified by the secretary; 4) be embossed with the corporate seal; and 5) be an original document.

*For every person doing business under a fictitious name, an Affidavit of Publication must be submitted.

THE FOLLOWING MUST BE SUBMITTED AT THE TIME OF APPLICATION:

- X One (1) current (no older than 2 years) signed and sealed survey of the subject property, including total acreage of the land use change
- X Legal Description of the subject property (Word format)
- __X Vicinity Map
- X Traffic Impact Analysis, per section 8.02.10
- <u>x</u> For residential projects, verification from the Lake County School Board of submittal of the "School Planning and Concurrency Application" (Application available from Lake County School Board web site under Growth Planning.)
- x Environmental Impact Analysis, per section 4.02.06J
- X Authorization of owner, power of attorney, and/or affidavit of publication, if required (see above section)

U\P\Application\CPA app

Staj	f Use Only
Complete Application Received By & Date:	
Incomplete Application Received By & Date:	
Missing Items:	
Scheduled Application Closing Date:	
Scheduled Planning Board Meeting Date:	
Scheduled City Commission Meeting Date:	
Payment Received: Check Amount: \$	Date Paid:

Application deposit made payable to: Town of Howey-in-the-Hills in the amount directed by the Town

Clerk