



GROWTH MANAGEMENT

205 North Marion Ave.

Lake City, FL 32055

Telephone: (386) 719-5750

E-mail: growthmanagement@locfla.com

FOR PLANNING USE ONLY

Application # _____

Application Fee \$ _____

Receipt No. _____

Filing Date _____

Completeness Date _____

COMPREHENSIVE PLAN AMENDMENT

Small Scale, less than or equal to fifty (50) acres; \$1,750

Large Scale, more than fifty (50) acres; \$4,900

All applications may incur professional fees for consulting and other professional services required by the Land Development Administrator. Any professional fees required by the Land Development Administrator will be invoiced and charged to the applicant and must be paid in full before application can be scheduled for any meetings.

A. PROJECT INFORMATION

1. Project Name: Cannon Creek Travel Center
2. Address of Subject Property: n/a
3. Parcel ID Number(s): 30-4S-17-08895-000
4. Existing Future Land Use Map Designation: County Commercial, General
5. Proposed Future Land Use Map Designation: City Commercial, General
6. Zoning Designation: County Commercial, Intensive
7. Acreage: +/- 12.81 Acres
8. Existing Use of Property: Vacant Commercial
9. Proposed use of Property: Gas Station and Travel Center

B. APPLICANT INFORMATION

1. Applicant Status ☐ Owner ☒ Agent
2. Name of Applicant(s): Barry Wilcox Title: Dir. of Planning
Company name (if applicable): Stearns Weaver Miller Weissler Alhadeff & Sitterson, P.A.
Mailing Address: 106 E. College Avenue, Suite 700
City: Tallahassee State: Florida Zip: 32301
Telephone: (850) 580-7200 Fax: () Email: [REDACTED]

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

3. If the applicant is agent for the property owner*.
Property Owner Name (title holder): Anjali U. Mhatre, Anita Mhatre Mihalcik, Ajay U. Mhatre, et al. See full list on owners' affidavit.
Mailing Address: 213 SW Brothers Lane
City: Lake City State: Florida Zip: 32025
Telephone: () Fax: () Email:

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

C. ADDITIONAL INFORMATION

1. Is there any additional contract for the sale of, or options to purchase, the subject property?

If yes, list the names of all parties involved:

If yes, is the contract/option contingent or absolute: ☒ Contingent ☐ Absolute

2. Has a previous application been made on all or part of the subject property? ☒ Yes ☐ No

Future Land Use Map Amendment: ☐ Yes ☒ No

Future Land Use Map Amendment Application No. _____

Site-Specific Amendment to the Official Zoning Atlas (Rezoning): ☒ Yes ☐ No

Site-Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. _____

Variance: ☐ Yes ☒ No

Variance Application No. _____

Special Exception: ☐ Yes ☒ No

Special Exception Application No. _____

*Petition for Annexation, FLU Amendment and Rezoning pursuant as part of the Interlocal Service Boundary Agreement for the Cornerstone

Joint Planning Area

D. ATTACHMENT/SUBMITTAL REQUIREMENTS

1. Boundary Sketch or Survey with bearings and dimensions.
2. Aerial Photo (can be obtained via the Columbia County Property Appraiser's Office).
3. Concurrency Impact Analysis: Concurrency Impact Analysis of impacts to public facilities, including but not limited to Transportation, Potable Water, Sanitary Sewer, and Solid Waste impacts. For residential land use amendments, an analysis of the impacts to Public Schools is required.
4. Comprehensive Plan Consistency Analysis: An analysis of the application's consistency with the Comprehensive Plan (analysis must identify specific Goals, Objectives, and Policies of the Comprehensive Plan and detail how the application complies with said Goals, Objectives, and Policies). For text amendments to the Comprehensive Plan, the proposed text amendment in strike-thru and underline format.
5. Legal Description with Tax Parcel Number (In Microsoft Word Format).
6. Proof of Ownership (i.e. deed).
7. Agent Authorization Form (signed and notarized).
8. Proof of Payment of Taxes (can be obtained online via the Columbia County Tax Collector's Office).
9. Fee. No application shall be accepted or processed until the required application fees have been paid in full. Any professional fees required by the Land Development Administrator shall be paid before any meetings will be scheduled.

10. All property owners within three hundred (300) feet be notified by certified mail by the proponent and proof of the receipt of these notices be submitted as part of the application package submittal. The Growth Management Department shall supply the name and addresses of the property Owners, the notification letters and the envelopes to the proponent.

NOTICE TO APPLICANT

All ten (10) attachments are required for a complete application. Once an application is submitted and paid for, a completeness review will be done to ensure all the requirements for a complete application have been met. If there are any deficiencies, the applicant will be notified in writing. If an application is deemed to be incomplete, it may cause a delay in the scheduling of the application before the Planning & Zoning Board.

A total of two (2) paper copies of proposed Comprehensive Plan Amendment Application and support material and a PDF copy on a CD are required at the time of submittal.

THE APPLICANT ACKNOWLEDGES THAT THE APPLICANT OR AGENT MUST BE PRESENT AT THE PUBLIC HEARING BEFORE THE PLANNING AND ZONING BOARD, AS ADOPTED IN THE BOARD RULES AND PROCEDURES, OTHERWISE THE REQUEST MAY BE CONTINUED TO A FUTURE HEARING DATE.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

Barry Wilcox

Applicant/Agent Name (Type or Print)

[Signature]
Applicant/Agent Signature

6/17/2026
Date

STATE OF FLORIDA
COUNTY OF lecn

The foregoing instrument was acknowledged before me this 17th day of June 2026 by (name of person acknowledging).



[Signature]
Signature of Notary

Rebecca J Emerson
Printed Name of Notary

Personally, Known ☒ OR Produced Identification _____
Type of Identification Produced

City of Lake City – Growth Management Department
205 North Marion Ave, Lake City, FL 32055

