

HERNANDO COUNTY COMPREHENSIVE PLAN AMENDMENT PETITION

Application for Public Hearing

Print or Type all information. Refer to instruction sheets for assistance or call the Planning Department at the phone number shown in the instruction sheet. Date: April 7, 2004

APPLICANT:	Hernando County Board of County Commissioners		
Mailing Address:	20 North Main Street, Room 461, Brooksville FL 34601		
Daytime Phone:	352-754-4000	FAX No.:	
REPRESENTATIVE:	Hernando County Planning Department		
Mailing Address:	20 North Main Street, Room 262, Brooksville FL 34601		
Daytime Phone:	352-754-4057	FAX No.:	
Legal Description:	Write below the complete legal description of the property. Include Section, Township and Range; and Subdivision Name, Lot, Block, and Unit Number. Attach additional sheet if necessary.		
	County-wide		
		SEC _____	TWP _____ (S) RANGE _____ (E)
Size of Area Covered by Application:	County-wide		
Highway & Street Boundaries:			
Future Land Use Map Classification (if applicable):			
Desired Map Classification (if applicable):			
Type of Amendment Requested:	Amendment to the Capital Improvements Element by amending the five year list of capital projects.		
ACKNOWLEDGMENT			
This acknowledgment must be signed in the presence of a Notary Public.			
I, _____, hereby state and affirm that I have read the instructions for filing this application and that:			
<input type="checkbox"/> I am the owner of the property covered under this application. <input type="checkbox"/> I am the legal representative of the owner or lessee of the property described, which is the subject matter of the application.			
All answers to the questions in said application, all sketches and data attached to and made part of this application are honest and true to the best of my knowledge and belief.			
			_____ Signature of Applicant or Representative
STATE OF FLORIDA _____	COUNTY OF HERNANDO _____		
On this the _____ day of _____, before me, the undersigned Notary Public of the State of Florida, personally appeared _____ and whose name(s) is/are subscribed to the within instrument, and acknowledge that he/she/they executed it.			
WITNESS my hand and official seal.			NOTARY SEAL & COMMISSION EXPIRATION:
_____ Notary Signature			
The individual(s) are <input type="checkbox"/> personally known to me or, <input type="checkbox"/> presented the following identification: _____.			

Narrative Description of CPAM 04-02

Chapter 163, Florida Statutes, requires that the adopted Capital Improvements Element (CIE) of the County's Comprehensive Plan shall be reviewed and modified on an annual basis. The proposed changes to the CIE reflect the necessary corrections, updates, or modifications concerning capital improvement projects, costs, and revenues for the next five fiscal years (FY 2004/2005 through FY 2008/2009).