



**Engineering Services  
 Department**  
**Development Services Division**  
*Planning~Building~Inspections*

105 Miracle Strip Pkwy. SW  
 Fort Walton Beach, FL 32548  
 P: (850) 833-9697  
 F: (850) 833-9926

**APPLICATION FOR FUTURE LAND USE MAP AMENDMENT**

<b>Address:</b>	
<b>Tax Parcel ID Number(s):</b>	
<b>Legal Description:</b> (attach additional sheets if necessary)	
<b>Total Site Size:</b>	

<b>Applicant (Agent) NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>EMAIL:</b>	
<b>Property Owner NAME:</b>	
<b>Property Owner ADDRESS:</b>	

<b>Current Future Land Use Map Designation:</b>	<input type="checkbox"/> LDR	<input type="checkbox"/> MDR	<input type="checkbox"/> MU	<input type="checkbox"/> COM	<input type="checkbox"/> MBI
	<input type="checkbox"/> IND	<input type="checkbox"/> CIU	<input type="checkbox"/> REC	<input type="checkbox"/> CNS	<input type="checkbox"/> PC

<b>Proposed Future Land Use Map Designation:</b>	<input type="checkbox"/> LDR	<input type="checkbox"/> MDR	<input type="checkbox"/> MU	<input type="checkbox"/> COM	<input type="checkbox"/> MBI
	<input type="checkbox"/> IND	<input type="checkbox"/> CIU	<input type="checkbox"/> REC	<input type="checkbox"/> CNS	<input type="checkbox"/> PC

**OWNER'S CONSENT AND DESIGNATION OF AGENCY**

I, \_\_\_\_\_, the fee simple owner of the following described property (give legal description ):


hereby petition the City of Fort Walton Beach to change the Future Land Use Map designation from \_\_\_\_\_ to \_\_\_\_\_ and affirm that \_\_\_\_\_ is hereby designated to act as agent on my behalf to accomplish the above.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand this application; attachments and fees become part of the official records of the City of Fort Walton Beach, Florida, and are not returnable.

\_\_\_\_\_  
(Owner's Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

Commission # \_\_\_\_\_. My commission expires \_\_\_\_\_.

(Notary's Seal)