



Application
For Amendment of
Future Land Use Map Designation



Instructions: Please review the document "Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County" prior to completing this application.

A pre-application conference with TLCPD staff must be completed prior to the application deadline.

A. APPLICANT INFORMATION

Applicant Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Property located in: ____ City ____ Unincorporated County

Tax I.D.(s) #: _____

Parcel size (acres): _____

Current Future Land Use Map designation: _____

Requested Future Land Use Map designation: _____

B. REQUIRED ATTACHMENTS

The items below are required components of a complete application. Information on preparing these items is included in the document "Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County." Please include each item as a numbered attachment to your application. Initial each item on this application to indicate that it is complete and attached.

- Attachment 1: Completed pre-application conference form
Attachment 2: Completed "Affidavit of Ownership & Designation of Agent" form
Attachment 3: Copy of legal description or deed (acreage should be estimated at end)
Attachment 4: Completed Rezoning Application necessary to implement the proposed Future Land Use Category change, available at https://www.talgov.com/place/pln-luapps.aspx. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

- ___ Attachment 5: Completed School Impact Analysis Form.
- ___ Attachment 6: Potable Water and Sanitary Sewer capacity and availability letter.
- ___ Attachment 7: Transit service analysis
- ___ Attachment 8: Answers to the questions below regarding the proposed change on a separate page:

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.

https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf

C. OPTIONAL ATTACHMENTS

The Planning Department encourages applicants to address the two optional attachments below. Please initial the attachments included in your application.

- ___ Attachment 9: Informal Neighborhood Meeting Form
- ___ Attachment 10: Sustainable Development Pattern Survey

D. ADDITIONAL APPLICATION REQUIREMENTS

Initial each item on this application to indicate that it is complete.

- ___ An electronic version of the completed application, attachments, and supporting documentation shall be submitted to the Planning Department via e-mail to sherri.miller@talgov.com prior to the application deadline.
- ___ Application fee paid to the City of Tallahassee or Leon County Board of County Commissioners
- ___ Commitment to pay the rezoning application fee after the Local Planning Agency Public Hearing

**APPLICATION DEADLINE:
Friday, August 28, 2026, 5:00 PM (EST)**

Applicants' signature below certifies that the applicant understands that the Future Land Use Map Amendments may require a rezoning; environmental analysis and other permit approvals before development activity can begin. Call the Land Use Administration Division of the Planning Department at 850-891-6400 for information on the rezoning process.

**Received by the Tallahassee-Leon County Planning Department
on the _____ day of _____, 20__**

Staff Signature

Signature of Property Owner or Agent



Pre-Application Conference Form For Amendment of Future Land Use Map Designation



Instructions: This form is to be completed during the required pre-application conference. A signed copy of the completed form must be included with your application.

The deadline for pre-application conferences for this amendment cycle is **Friday, August 14, 2026**. Please contact the Planning Department in advance to schedule a pre-application conference by calling (850) 891-6400.

Applicant Name: _____ Date: _____

Telephone: () _____ E-mail: _____

Property located in: ___ City ___ Unincorporated County

Tax I.D. #: _____ Parcel size (acres): _____

Current Future Land Use Map designation: _____

Requested Future Land Use Map designation: _____

Large Scale Amendment (more than 50 acres)

Concurrent Rezoning: From _____ to _____

Maximum development: Residential units: _____ Nonresidential square feet: _____

Is the amendment located within a “Neighborhood First” planning area? _____

Conference Review Items

- _____ Provide application packet
- _____ Review required attachments
- _____ Review optional attachments
- _____ Review additional application Requirements
- _____ Review completeness requirement

- _____ Application sufficiency determination (Insufficient information may cause application to be continued to the next cycle)
- _____ Applicant’s responsibility to pay for rezoning after the Local Planning Agency Public Hearing

Notes:

Planner

Applicant



TALLAHASSEE-LEON COUNTY PLANNING DEPARTMENT
Applicant's Affidavit of Ownership & Designation of Agent



I. OWNERSHIP

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s): _____

Location address: _____

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Provide Names of General Partners:

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. DESIGNATION OF APPLICANT'S AGENT (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Person: _____ Telephone No. and E-Mail: _____

III. NOTICE TO OWNER

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.): _____

IV. ACKNOWLEDGEMENT

Individual

Corporation

Partnership

Signature
Print
Name: _____
Address: _____

Phone No.: _____
E-mail: _____

Print Corporation Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No.: _____
E-mail: _____

Print Partnership Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No.: _____
E-mail: _____

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual

Corporation

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____; or
Produced identification _____.
Type of identification produced:

Signature of Notary
Print Name: _____
Notary Public

(NOTARY STAMP)

My commission expires:

Attachment 3

Attach a legal description or a copy of the deed for the subject property.

Attachment 4

Include a completed rezoning application (if applicable).

- Rezoning applications for both the City and County are available at: <https://www.talgov.com/place/pln-luapps.aspx>.
- For the purpose of applying for a Future Land Use Map change, the Planning Department does not require a Natural Features Inventory to consider your rezoning application complete.
- The application fee for the rezoning is NOT collected at the time of your Application for Amendment of Future Land Use Map Designation. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

SCHOOL IMPACT ANALYSIS FORM

Agent Name:	Date:		
Applicant Name:	Telephone:		
Address:	Fax:		
	Email:		
① Location of the Proposed Comprehensive Plan Amendment or Rezoning:			
<i>Tax ID #:</i> <i>Property address:</i> <i>Related Application(s):</i>			
② Type of Requested Change:			
<input type="checkbox"/> Comprehensive Plan Future Land Use amendment that permits residential development. <input type="checkbox"/> Rezoning that permits residential development. <input type="checkbox"/> Nonresidential Future Land Use amendment adjacent to existing residential development. <input type="checkbox"/> Nonresidential rezoning adjacent to existing residential development. <input type="checkbox"/> None of the above			
③ Proposed Change in Future Land Use and Zoning Classification:			
<input type="checkbox"/> <i>Future Land Use Category:</i> From: _____ To: _____ <input type="checkbox"/> <i>Zoning:</i> From: _____ To: _____			
Planning Department staff use only:			
④ Maximum Potential Number of Dwelling Units Allowed by the Request:			
<i>Number of acres:</i> _____ <i>Number of dwelling units allowed per acre:</i> _____ <i>Maximum number of dwelling units allowed:</i> _____ <i>Type(s) of dwelling units:</i> _____			
Leon County Schools staff use only:			
⑤ School Concurrency Service Areas (Attendance Zones) in which Property is Located.			
	Elementary:	Middle:	High:
Present capacity:	_____ %	_____ %	_____ %
Post-development capacity:	_____ %	_____ %	_____ %

This form is required by §8.3 of the Public-School Concurrency and Facility Planning Interlocal Agreement as adopted on September 1, 2006, by the City of Tallahassee, Leon County, and Leon County School Board. Pursuant to §6.4 of the Agreement, the City or County will transmit the School Impact Analysis Form to a designated employee of the School Board for review at the same time the application is submitted to all departments for review.

School Impact Analysis Form (Sept. 2007)



Attachment 6

Attach the potable water and sanitary sewer capacity and availability analysis.

- The analysis should be based on the **maximum development potential of the requested category**.
- Contact City of Tallahassee Utilities Department at (850) 891-6102 or Talquin Electric Cooperative at (850) 627-7651 and provide them with a copy of your completed Pre- Application Conference Form indicating the maximum development potential.

TRANSIT SERVICE ANALYSIS FORM

Agent Name:	Date:
Applicant Name:	Telephone:
Address:	Fax:
	Email:

1. Location of the proposed Comprehensive Plan Amendment or Rezoning:

Tax ID #:
Property address:
Related Application(s):

2. The proposed site is located within ¼ mile of a stop for the following bus routes:

Weekday Routes:

- Azalea
- Big Bend
- Dogwood
- Evergreen
- Forest
- Gulf
- Hartsfield
- Killlearn
- Live Oak
- Moss
- Red Hills
- San Luis
- SouthWood
- Tall Timbers

Campus Routes:

- Seminole Express
- Venom Express

Other Routes:

- Other: _____
- None of the Above

*Maps and route schedules are available on the Star Metro website at
<http://www.talgov.com/starmetro/starmetro-routes.aspx>.*



Attachment 8

Attach the Applicant Statement.

Answer the questions on a separate sheet(s). These questions provide the applicant with an opportunity to explain why the requested change is needed, impacts of the change, and consistency with our community's Comprehensive Plan.

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at this link:
[Comprehensive Plan Vision Statement](#)

Informal Neighborhood Meeting Form

For Developments and Land Use Changes

The Planning Department strongly encourages applicants for development approval or land use changes adjacent to single-family residential land uses to meet informally with adjacent neighbors or the Neighborhood/Homeowner's Association(s) to provide an early opportunity for dialogue. The applicant and/or neighborhood(s) may use this attachment, at their discretion, to indicate to relevant Departments and recommending bodies the outcome of any discussions. *Please answer the questions below, using additional pages if necessary.*

Type of application: **Comp. Plan Amendment** **Rezoning** **Development**

Formal title of application: _____

Name of writer: _____ Date: _____

Writer's affiliation (applicant/association/other): _____

1. Did the applicant meet with the affected Neighborhood/ Homeowner's Association(s) or other residents? Yes No

A. Title of the Association(s): _____

B. Name of neighborhood(s): _____

C. Dates of meeting(s): _____

D. Number of residents/representatives present at each meeting: _____

3. What initial concerns did the neighborhood or representatives communicate?

4. If any, how did the applicant revise plans in to address the above concerns?

5. If revisions were made, did they resolve concerns of the neighbors/representatives?

- All concerns were resolved Some concerns were resolved but not others
 No concerns were resolved

6. If plans were revised, what continuing or new concerns did the neighborhood communicate?

7. Can the continuing or new concerns be alleviated through a *reasonable* revision of plans?

- Yes No

8. Is the applicant willing to continue discussions with the neighbors or representatives?

- Yes No

Sustainable Development Pattern Survey (Optional)

The City of Tallahassee and Leon County have consistently expressed a commitment to promote more sustainable development patterns. Consistent with this commitment, the Planning Department requests that applicants complete the following survey.

Is the proposed site in the: City or County

Is the proposed site in the Urban Services Area: Yes or No

Is the proposed site in the Multimodal Transportation District: Yes or No

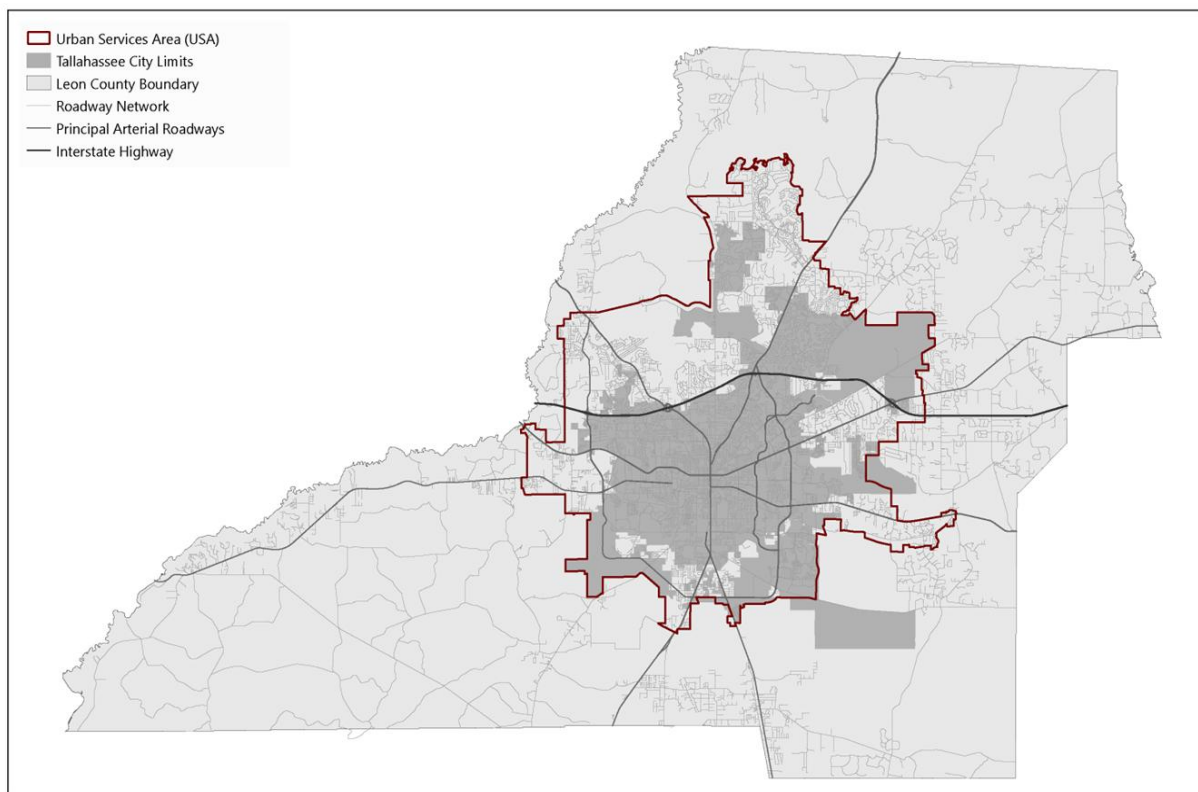
Is the proposed site near the following existing or approved developments?

	Within ¼ mile? (Y/N)	Within ½ mile? (Y/N)	Sidewalks accessible? (Y/N)	Bike Lanes accessible? (Y/N)	Multiuse Trail accessible? (Y/N)
Elementary School					
Middle School					
High School					
College or University					
Employment Center					
Shopping Center					
Grocery Store					
Restaurant					
Bank					
Pharmacy					
Convenience Store					
Bus stop					
Park or Greenway					
Other Neighborhood					

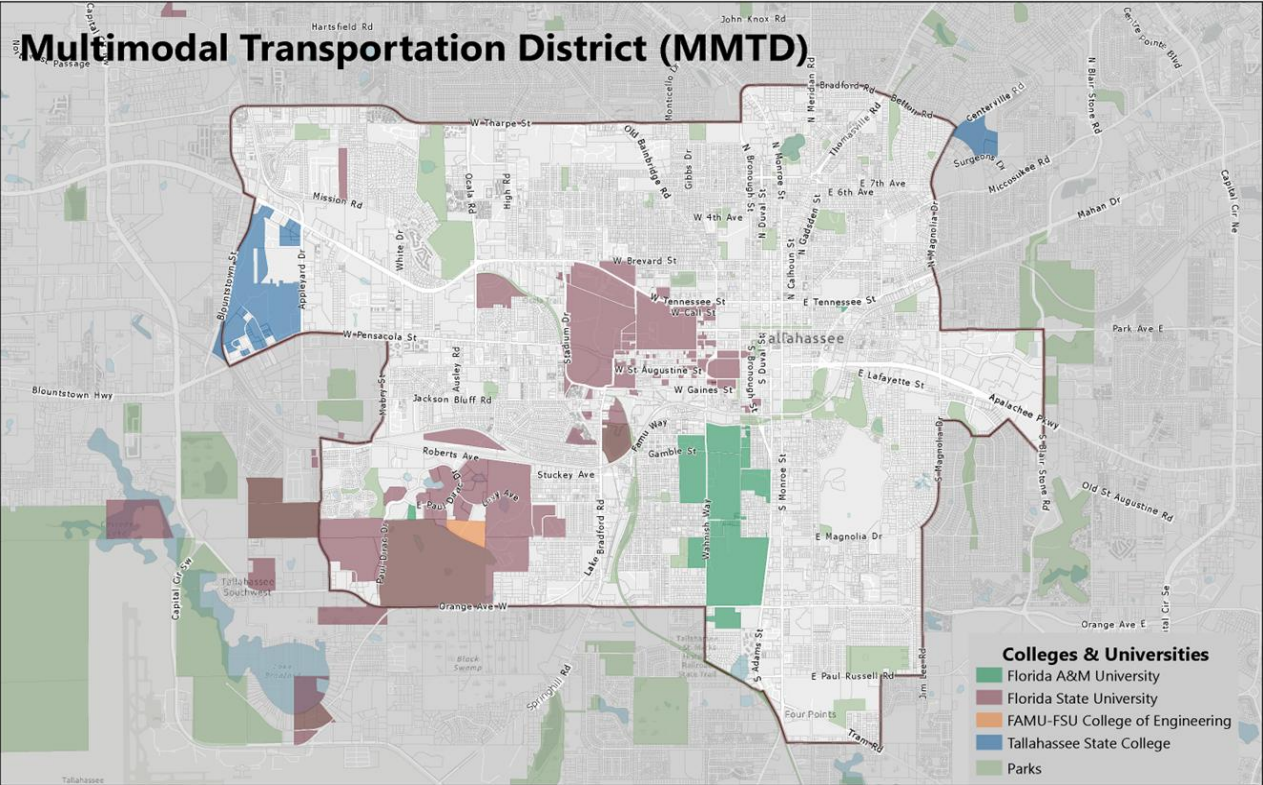
What the Comprehensive Plan says about Sustainable Development Patterns

The Comprehensive Plan provides significant direction on the preferred location and type of growth desired by the City and County, in general terms and in relation to specific areas and Future Land Use Categories. These policies indicate that services, including mass transit, transportation, parks, and utilities, should be available within the Urban Services Area, especially within the Urban Center and Southside Action Plan areas. In addition, many policies promote mixed-use land development patterns, "walk-to" commercial, safe pedestrian access, and encourage a reduction of the number and lengths of vehicle trips. For example, the Parks and Recreation Element directs the Commission to include density as a consideration in acquiring a "local" park: specifically, the Commission should consider whether 5,000 people live within 1/2 mile of the proposed park, a density of approximately 4 dwelling units per acre.

Map of Urban Services Area



Map of Multimodal Transportation District





**Application for
Amending the Text of the Comprehensive Plan**



Including changes to maps other than the Future Land Use Map

Text Amendments submitted by entities other than a department of Leon County or City of Tallahassee government or the Local Planning Agency must be approved by the City or County Commission before they are included in the Comprehensive Plan Amendment Cycle.

Please contact the Planning Department **prior to August 1, 2026**, to discuss this process. **A pre-application meeting is required by August 14, 2026, and the application is due August 28, 2026.**

Applicant Name: _____

Address: _____

Telephone: _____

E-mail Address: _____

Goals, Objectives, Policy Numbers, or figures to be amended: _____

Is an expansion to the Urban Services Area requested or required? Yes No

REQUIRED ATTACHMENTS

___ Attachment 1: A strikethrough/underline version of any requested text changes

___ Attachment 2: Amended version of any requested changes to maps or figures

___ Attachment 3: Statement of the problem that is to be addressed by the requested amendment and anticipated positive effects of the request on the community

APPLICATION FEES

Text Amendments: \$1,500 plus actual cost of direct notice and legal advertising

APPLICATION DEADLINE: Friday, August 28, 2026, at 5:00 PM (EST)

Received by the Tallahassee-Leon County Planning Department

on the _____ day of _____, 20____

Staff Signature

Signature of Applicant