



**Walton County Planning and Development Services**

**APPLICATION FOR COMPREHENSIVE PLAN/LAND DEVELOPMENT  
CODE AMENDMENT**

**(No Future Land Use Map Amendment Required)**

**Application Package Contents**

**ALL APPLICATIONS SHALL BE SUBMITTED USING THE ONLINE PORTAL**

<https://www2.citizenserve.com/waltonplanning>

	Page No
Submittal Checklist	2
Application	
• Notice to Applicants (Pre-Application Meeting Required)	3
• Pre-Application Notes	3
• Project Information	4
• Required Signature	5
• Notary Page	5

## INITIAL SUBMITTAL CHECKLIST

### APPLICATION FOR COMPREHENSIVE PLAN/LAND DEVELOPMENT CODE TEXT AMENDMENT REZONING – INITIAL SUBMITTAL WILL INCLUDE THE FOLLOWING ITEMS

If any submittals do not meet these requirements, they will not be accepted

#### Additional items may be required per LDC 1.13.00 (N)

*(Credit Cards Accepted or Check payable to Walton County)*

- Fee for Comprehensive Plan/Land Development Code Text Amendment Application: \$1,200.00
- Fee for Pre-Application meeting: \$25
- Completed Application
- Provide a strikethrough version of the proposed text changes

#### **MEETING LOCATION**

- North Walton Courthouse  
571 US Hwy 90 E  
DeFuniak Springs, FL 32435
- South Walton Courthouse Annex  
31 Coastal Centre Blvd  
Santa Rosa Beach, FL 32459
- Freeport Business Complex  
842 State Highway 20 East Suite 110  
Freeport, FL 32439

**NOTICE TO ALL APPLICANTS**

You are required to schedule a pre-application conference with Planning and Development Services prior to submittal of this application. Your application will not be processed without verification that you have attended a pre- application conference with a representative(s) of Planning and Development Services. To schedule a pre- application conference with a planner, please use the online portal (<https://www.citizenserve.com/Portal/PortalController>).

A pre-application conference was held with \_\_\_\_\_  
regarding the amendment of \_\_\_\_\_  
on this day of \_\_\_\_\_, \_\_\_\_\_.

I understand that the Board of County Commissioners must vote to approve this requested rezoning. I understand that this proposed rezoning will be subject to all applicable comprehensive plan policies and implementing land development code regulations. I understand that this amendment, if approved, does not vest the subject property for traffic concurrency or specific land use regulations and that development proposed for the subject property requires the approval and issuance of a final development permit.

**PRE-APPLICATION NOTES**

**Signature of Applicant/s:** \_\_\_\_\_

**Signature of Planner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Project / Pre-Application #:** \_\_\_\_\_

**Applicant Information**

**Name:** \_\_\_\_\_

**If company or corporation, name of secretary or officer**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Code/Section or Goal/Objective/Policy to be changed:** \_\_\_\_\_

**Agent Affidavit / Special Power of Attorney**

STATE OF FLORIDA COUNTY OF WALTON

KNOW ALL MEN BY THESE PRESENTS, that I \_\_\_\_\_ am presently the owner and/or leaseholder of \_\_\_\_\_ and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_ whose address is \_\_\_\_\_. County of \_\_\_\_\_, State of \_\_\_\_\_, my Attorney full power to act as my agent in the process of obtaining an \_\_\_\_\_ pertaining to \_\_\_\_\_.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary tasks in the execution of aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

WITNESSES:

APPLICANT:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

[ ] Physical Presence

- OR -

[ ] Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_, for \_\_\_\_\_.

Printed Name of Notary Public

\_\_\_\_\_  
Signed Name of Notary Public

\_\_\_\_\_  
Commission  
Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(SEAL)

**FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT**

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 .

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant's Signature

Printed Name

Date

\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by:

Physical Presence

- OR -

Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_, as \_\_\_\_\_,

for \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_