



Land Use & Environmental Services Division

(850) 891-7100

Location: 435 N. Macomb Street

Mail: 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301-1731

Fax: (850) 891-7184

Florida Relay Service TDD: 711

MINOR OR MAJOR MODIFICATION REQUEST

for Site Plans or Subdivisions

Modification Authorization:

To determine whether the changes you are proposing will be considered a “minor” or a “major” modification, please contact the Growth Management Department, Land Use and Environmental Services Review Team (891-7100) for the area of town your project is located in. They will give you a letter authorizing your submittal as a “minor” or a “major”. This letter must be turned in with your modification application.

Minor Modification Application Procedures:

Submittal should include two (2) copies of the following:

- 1) Completed Modification Application (*1 original*)
- 2) Application Fee - \$525
- 3) Modification Determination Letter
- 4) Modification Narrative
- 5) Site Plan with Changes
- 6) Color documents should also be submitted in electronic form in one of the following formats: .tif; .pdf; .jpeg; or .bmp.

Major Modification Application Procedures:

Submittal should include two (2) copies of the following:

- 1) Completed Modification Application (*1 original*)
- 2) Application Fee - \$698*
- 3) Modification Determination Letter
- 4) Modification Narrative
- 5) Site Plan with Changes (must be 24”x36”)
- 6) Color documents should also be submitted in electronic form in one of the following formats: .tif; .pdf; .jpeg; or .bmp.

*Type B/Preliminary Plat/Limited Partition Major Modifications also require a \$475 legal notice fee and are subject to all notice requirements.



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SITE PLAN OR SUBDIVISION MODIFICATION APPLICATION

1. Application Type: _____ Type A Minor Modification
_____ Type A Major Modification
_____ Type B/Preliminary Plat/Limited Partition Minor Modification
_____ Type B/Preliminary Plat/Limited Partition Major Modification

2. Property Owner's Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX #: _____
E-Mail Address: _____

3. Applicant's (Optionee) Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX #: _____
E-Mail Address: _____

4. Agent's Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX #: _____
E-Mail Address: _____

5. Other Contact Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX #: _____
E-Mail Address: _____

6. Parcel Identification Number(s): _____

7. Project Name: _____
8. Project Description: _____
9. Existing Site Plan or Subdivision Activity #: _____
10. Current Zoning District: _____
11. Acreage of property (hundredths): _____
12. Land Use Compliance Certificate #: _____

13. Residential Information:

Existing Dwelling Units:	Proposed Dwelling Units:	Proposed Density:

14. Non-Residential Information:

	Use	Building Sq. Ft.	Impervious Sq. Ft.
Existing:			
Proposed:			

15. Deviation Information: **(Attach Application Form(s))**

Type of Deviation	Requirement	Vary To:

16. For Type B/Preliminary Plat/Limited Partition Major Modifications Only –
 Do you desire a post-application meeting? ___No ___Yes

17. Signature of Owner(s): _____

NOTE: PROPERTY OWNER, APPLICANT (OPTIONEE), AGENT, AND OTHER CONTACT PERSON WILL BE COPIED ON ALL CORRESPONDENCE FROM THE GROWTH MANAGEMENT DEPARTMENT.