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: D.R. Horton Inc

Address: 2457 Care Drive, suite 204
Tallahassee, Fl 32308

Telephone: 850-687-4450

E-mail Address srhaire@drhorton.com

Property located in: ___ City ___ Unincorporated County

Tax I.D.(s) #: 310122070000 and 311220001000

Parcel size (acres): 173.24

Current Future Land Use Map designation: __ Urban_

Requested Future Land Use Map designation: __ Residential_1.2

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 land use 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.

- Application for Amendment of Future Land Use Map Designation -
Page 1 of 2
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-ep00-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.

___ One (1) signed original of the completed application, attachments, and supporting documentation
___ One (1) electronic version of the completed application, attachments, and supporting documentation shall be submitted on a CD, DVD, or USB Flash Drive. The required format for all text documents is MS Word or PDF. The required file format for all maps drawings and graphics is PDF, JPEG, PNG, or TIFF.
___ Application fee in the form of a check payable 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, September 25, 2020 5:00 PM (EST)

Received by the Tallahassee-Leon County Planning Department on the _20_ day of _September_, 2021

[Signature]

Staff Signature

[Signature]  
Signature of Property Owner or Agent

- Application for Amendment of Future Land Use Map Designation -
Page 2 of 2
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.

Deadline for pre-application conferences for this amendment cycle is Wednesday, September 15, 2021. Please contact the Planning Department in advance to schedule a pre-application conference by calling (850) 891-6400.

Applicant Name: D.R. Horton Inc. Date: 8/25/21
Telephone: (850) 687-4450 E-mail (optional) srhaires@drhorton.com

Property located in: ___ City ___ Unincorporated County
Tax I.D. #: 3102067000 + 31122001000 Parcel size (acres): 173.24

Current Future Land Use Map designation: Ranch
Requested Future Land Use Map designation: Urban Residential-2

___ Small Scale Amendment (10 acres or fewer) or
___ Large Scale Amendment (more than 10 acres)

Maximum development: Residential units: 3,964.8 Nonresidential square feet:

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:
Urban Service area splits parcel. Urban Service area amendment needed.
Concurrent rezoning to R-1 requested also.

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): 31-01-20-207-000 & 31-12-20-001-0000

Location address: ____________________________

0 Old St. Augustine Rd.

for which this Application is submitted.
The ownership, as recorded on the deed, is in the name of: The St. Joe Company, LLC

Please complete the appropriate section below:

☐ Individual    ☐ Corporation    ☐ Partnership

Provide Names of Officers:  

- Jorge Gonzalez, EVP
- Elizabeth J. Walters, SVP
- Bridget Precise, SVP
- Dan Velazquez, Assit Sec.

Dent. of State Registration No.: 132442

Provide Names of General Partners:

Name/Address of Registered Agent:

- Elizabeth J. Walters
- 130 Richard Jackson Blvd. St.200
- Panama City Beach, FL 32407

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: Urban Catalyst Consultants, Inc.

Address: 2851 Remington Green Circle. Ste. D, Tallahassee, FL 32308

Contact Person: Sean K. Marston, P.E.

Telephone No.: 850-999-4241

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

[Signature]

Print Name: ____________________________
Address: ____________________________
Phone No.: ____________________________

☐ Partnership

[Signature]

Print Partnership Name: ____________________________
Address: ____________________________
Phone No.: ____________________________

Please use appropriate notary block.

STATE OF ____________________________
COUNTY OF ____________________________

☐ Individual

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.

☑ Corporation

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

☐ Partnership

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.

[Signature of Notary]

Print Name: ____________________________
Notary Public

(NOTARY STAMP)

My commission expires:

[Notary Seal]
The Tax Roll is compiled by the Legal Descriptions as recorded in the Public Records of Leon County. Location addresses are not used in the preparation of the Tax Roll. They should not be used for title searches or preparation of legal documents.

**Parcel Information**

**Parcel ID:** 3112200010000  
**Owner(s):** THE ST JOE COMPANY LLC  
**Tax District:** 2 - COUNTY  
**Legal Desc:** 12 1S 1E 110.12 AC  
**IN NE 1/4**  
**DB 30/502 198/189 OR 937/1411**  
**ATTN: TAX DEPARTMENT**  
**Mailing Addr:** 130 RICHARD JACKSON BLVD STE 200  
**PANAMA CITY BEACH FL 32407**  

**Google Map**  
**Location:** 0 OLD ST AUGUSTINE RD  
Location (Street) Addresses are provided by City Growth Management 850-891-7001 (option 4), and County DSEM 850-606-1300.

**Parent Parcel:**  
**Acreage:** 110.120  
**Subdivision:**  
**Property Use:** 5700 - TIMBERLAND, INDEX 60-69  
**Bldg Count:** 0

**Certified Value Detail**

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<th>Tax Year</th>
<th>Land Value</th>
<th>Improvement Value</th>
<th>Total Market Value</th>
<th>SOH Differential</th>
<th>Classified Use</th>
<th>Homestead</th>
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**Certified Taxable Values**

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<th>Rate</th>
<th>Market</th>
<th>Assessed</th>
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<td>$37,172</td>
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**Quick Links** - (Note: Clicking links below will navigate away from our website.)

**County Links**  
Leon County Tax Collector  
Permits Online (City / County)  
Property Info Sheet

**County Map Links**  
Land Information  
(Contains FEMA, Zoning, Fire Hydrant, etc.)  
Flood Zone (FEMA)  
Zoning Map  
Fire Hydrant Map  
More TLCGIS Maps

**Other Map Links**  
Google Map  
Map
Parcel ID: 3101202070000
Owner(s): THE ST JOE COMPANY LLC

Tax District: 2 - COUNTY
Legal Desc: 1 1S 1E 59.425 AC
IN SE 1/4 LYING SOUTH OF HWY
DB 195/442 OR 280/501 319/339

ATTN: TAX DEPARTMENT
Mailing Addr: 130 RICHARD JACKSON BLVD STE 200
PANAMA CITY BEACH FL 32407

Google Map
Location: 1520 MARCH RD
Location (Street) Addresses are provided
by City Growth Management 850-891-7001
(option 4), and County DSEM 850-606-1300.

Parent Parcel:
Acreage: 59.425

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<td>$297,125</td>
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County Map Links
- Land Information
- (Contains FEMA, Zoning, Fire Hydrant, etc.)
- Flood Zone (FEMA)
- Zoning Map
- Fire Hydrant Map
- More TLCGIS Maps

Other Map Links
- Google Map Map
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.
Leon County
APPLICATION FOR
REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions Leon County for the following amendment to the Official Zoning Map:

Change in Zoning District  Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

From: 

To: 

Location:  The property is designated by the following Leon County Property Tax identification number(s):

316120203000 + 31122001000

Legal Description:  Attach a legal description of the property requested to be rezoned.

Disclaimer:  Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the Tallahassee Land Development Code, Environmental Management Ordinance, and the Concurrency Management System Policy and Procedures Manual.

Note: An electronic version of this application and all supporting documentation shall be submitted on a CD or DVD. Also, an original signed copy of the complete application and supporting documentation shall be submitted to the Planning Department.

The required file format for all text documents is Microsoft Word, WordPerfect or Adobe Acrobat PDF.

NOTE: In accordance with Leon County Policy 02-08, beginning January 1, 2003, all paid lobbyists intending to engage in any lobbying activities before the Leon County Board of County Commissioners on behalf of any person or entity must register with the Clerk of Court, Finance Department by filing a completed Leon County Lobbyist Registration form and paying an annual registration fee of $25.
Submitted By:

Owner’s Name(s):

Name: ___________________________________ Phone: ___________________________________
E-Mail: __________________________________ Fax: _______________________________________
Street: __________________________________ City: ________________________________ ST: __ Zip+4: __________

Agent’s Name(s):

Name: Stewart Haire Phone: 850-687-4450
E-Mail: schaire@droborton.com Fax: ________________________
Street: 2457 Care Drive, suite 204 City: Tallahassee ST: FL Zip+4: 32308

Optionee’s Name(s):

Name: ___________________________________ Phone: ___________________________________
E-Mail: __________________________________ Fax: _______________________________________
Street: __________________________________ City: ________________________________ ST: __ Zip+4: __________

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application.
Leon County
Rezoning Application & Information Packet

Letter of Understanding

I, STEWART R. HAIRE (print name) as the property owner or authorized property owner representative have read and understand the Leon County Application for Rezoning Review Information Packet and acknowledge submittal of a rezoning review application from R (district) to R-1 (district).

______________________________ Signature
Property Owner/Authorized Representative

______________________________ Date
9/20/21

______________________________ Witness

______________________________ Date
9/20/21

______________________________ Witness

______________________________ Date
9/20/21
SCHOOL IMPACT ANALYSIS FORM

Agent Name: Stewart Haire
Applicant Name: D. R. Horton Inc.
Address: 2457 Care Dr. Suite 204, Tallahassee, FL 32308
Date: 10/15/2021
Telephone: 850 687 4450
Fax:
Email: srhaire@drhorton.com

Location of the proposed Comprehensive Plan Amendment or Rezoning:

Tax ID #: 3101202070000 & 3112200010000
Property address: Along Apalachee Parkway and Old St. Augustine Rd.
Related Application(s): rezoning request accompanying comp plan amendment

Type of requested change:

☐ Comprehensive plan land use amendment that permits residential development.
☐ Rezoning that permits residential development.
☐ Nonresidential land use amendment adjacent to existing residential development.
☐ Nonresidential rezoning adjacent to existing residential development.
☐ None of the above

Proposed change in Future Land Use and Zoning classification:

☐ Comprehensive plan land use
  From: Rural
  To: Urban Residential - 2

☐ Zoning
  From: Rural
  To: R-1

Planning Department staff use only:

Maximum potential number of dwelling units allowed by the request:

Number of acres: 173.24
Number of dwelling units allowed per acre: 3.63
Maximum number of dwelling units allowed: 628
Type(s) of dwelling units: Single family detached dwellings and as allowed by zoning

Leon County Schools staff use only:

School concurrency service areas (attendance zones) in which property is located.

Unofficial until approved by the School Board – Scheduled for the 11/16/21 Board Meeting

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<tr>
<th></th>
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<th>Middle: Fairview</th>
<th>High: Rickards</th>
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<tbody>
<tr>
<td>Present capacity</td>
<td>406</td>
<td>444</td>
<td>465</td>
</tr>
<tr>
<td>Post Development capacity</td>
<td>279</td>
<td>392</td>
<td>409</td>
</tr>
</tbody>
</table>

Calculated at maximum possible impact (Single Family < 1000 NSF)

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)
TRANSIT SERVICE ANALYSIS FORM

| Agent Name: | Stewart Haire | Date: | 9/06/21 |
| Applicant Name: | D. R. Horton, Inc | Telephone: | |
| Address: | | Fax: | |
| Email: | | |

1. **Location of the proposed Comprehensive Plan Amendment or Rezoning:**
   - Tax ID #: 3101202610000 + 311220010000
   - Property address: Vacant / No 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
     - [ ] Killearn
     - [ ] Live Oak
     - [ ] Moss
     - [ ] Park
     - [ ] Red Hills
     - [ ] San Luis
     - [ ] Southwood
     - [ ] Tall Timbers
     - [ ] Trolley
   - **Campus Routes**
     - [ ] Seminole Express
     - [ ] Venom Express
   - **Other Routes**
     - [ ] Other
     - [X] None of the above

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 the link below.
https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf
Artie,

Please see the questions to attachment 8 below.

1. Why do you want to change the Future Land Use Map?
   We plan to help meet the need for a more diverse housing supply here in the Tallahassee market through the development new communities in all parts of Tallahassee.

2. Is your request compatible with adjacent and nearby properties?
   Yes. This request is the same land use as adjacent properties.

3. Are there any existing code violations associated with the subject property?
   I am not aware of any existing code violations. But would as code officials to verify.

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 request further the vision statement by encouraging new residential developments “it is the intent of the plan to maintain the integrity of existing neighborhoods while encouraging new residential developments to incorporate a wider range of non-residential uses.”
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 Planning Commission must be approved by the City or County Commission.

Please contact the Planning Department prior to the pre-application deadline of September 16, 2020 to discuss this process.

Applicant Name:  D.R. Horton, Inc.
Address:  2457 Care Dr., Suite 204
          Tallahassee, FL 32308
Telephone:  850-608-4450
E-mail Address: srhaire@adrhorton.com

Goals, Objectives, Policy Numbers
or figures to be amended:  Urban Services Area

REQUIRED ATTACHMENTS

strike-through/underline version of any requested text changes.

Amended version of any requested changes to maps or figures.

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

City of Tallahassee:  $500
Leon County (Unincorporated Areas):  $500

APPLICANT DEADLINE:  Friday, September 25, 2020 at 5:00 PM (EST)

Received by the Tallahassee-Leon County Planning Department
on the  20  day of  September, 2021

Staff Signature  Signature of Applicant