



Planning & Development Department Application for a Text Amendment to the Community Development Code

ALL APPLICATIONS ARE TO BE FILLED OUT COMPLETELY AND CORRECTLY, AND SUBMITTED IN PERSON (NO FAX OR DELIVERIES) TO THE PLANNING & DEVELOPMENT DEPARTMENT.

ORIGINAL APPLICATION THAT IS SIGNED AND NOTARIZED IS TO BE SUBMITTED FOR REVIEW BY THE PLANNING AND DEVELOPMENT DEPARTMENT.

IT IS INCUMBENT UPON THE APPLICANT TO SUBMIT COMPLETE AND CORRECT INFORMATION. ANY MISLEADING, DECEPTIVE, INCOMPLETE OR INCORRECT INFORMATION MAY INVALIDATE YOUR APPLICATION.

THE APPLICANT, BY FILING THIS APPLICATION, AGREES TO COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THE COMMUNITY DEVELOPMENT CODE.

PROPERTY OWNER(S)

(LIST ALL OWNERS ON DEED): _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

AGENT OR REPRESENTATIVE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

BUSINESS NAME: _____

STREET ADDRESS: _____

PARCEL NUMBER(S): _____

LEGAL DESCRIPTION: _____

DESCRIPTION OF REQUEST: _____



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ALL APPLICATIONS FOR TEXT AMENDMENTS TO THE COMMUNITY DEVELOPMENT CODE MUST BE CONSISTENT WITH AND FURTHER THE GOALS, OBJECTIVES AND POLICIES OF THE COMPREHENSIVE PLAN AND FURTHER THE PURPOSES OF THE COMMUNITY DEVELOPMENT CODE AND OTHER CITY ORDINANCES AND ACTIONS DESIGNED TO IMPLEMENT THE PLAN.

APPLICATION MUST BE IN CONJUNCTION WITH A DEVELOPMENT APPLICATION. PLEASE PROVIDE THE FOLLOWING INFORMATION:

ADDRESS OF SUBJECT
PROPERTY: _____
PARCEL NUMBER(S): _____
LEGAL DESCRIPTION: _____

FUTURE LAND USE PLAN
DESIGNATION: _____
ZONING DISTRICT: _____
SPECIAL AREA PLAN: _____

PARCEL SIZE: _____ acres _____ square feet
PROPOSED DEVELOPMENT: _____

STATE OF FLORIDA, COUNTY OF PINELLAS

I (we), the undersigned, acknowledge that all representations made in this application are true and accurate to the best of my knowledge and authorize City representatives to visit and photograph the property described in this application.

Sworn to and subscribed before me this _____ day of _____, _____, by _____, who is personally known/has produced _____ as identification.

Signature of property owner or representative

Notary public,
My commission expires: _____

Signature of property owner or representative



Planning & Development Department
Application for a Text Amendment to the
Community Development Code
Affidavit to Authorize Agent/Representative

1. Provide names of all property owners on deed – PRINT full names:

Two horizontal lines for entering property owner names.

2. That (I am/we are) the owner(s) and record title holder(s) of the following described property:

Horizontal line for describing the property.

3. That this property constitutes the property for which a request for (describe request):

Two horizontal lines for describing the request.

4. That the undersigned (has/have) appointed and (does/do) appoint:

Horizontal line for appointing an agent.

as (his/their) agent(s) to execute any petitions or other documents necessary to affect such petition;

5. That this affidavit has been executed to induce the City of Clearwater, Florida to consider and act on the above described property;

6. That site visits to the property are necessary by City representatives in order to process this application and the owner authorizes City representatives to visit and photograph the property described in this application;

7. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Property Owner (Signature)

Property Owner (Signature)

Property Owner (Signature)

Property Owner (Signature)

STATE OF FLORIDA, COUNTY OF PINELLAS

BEFORE ME THE UNDERSIGNED, AN OFFICER DULY COMMISSIONED BY THE LAWS OF THE STATE OF FLORIDA, ON

THIS DAY OF, PERSONALLY APPEARED

WHO HAVING BEEN FIRST DULY SWORN

DEPOSED AND SAYS THAT HE/SHE FULLY UNDERSTANDS THE CONTENTS OF THE AFFIDAVIT THAT HE/SHE SIGNED.

Notary Public Signature

Notary Seal/Stamp

My Commission Expires: