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| ClearwaterLogo-Horizontal.jpg | | Planning & Development Department | | | | | | | | | |
| Application for a Text Amendment to theCommunity Development Code | | | | | | | | | |
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| **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.** | | | | | | | | | | | |
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|  | | |  | | | | | | | | |
| **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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|  | | | Planning & Development Department | | | | | | | | | | | |
| Application for a Text Amendment to theCommunity Development Code | | | | | | | | | | | |
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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:** | | | |  | | | | | | | | | | |
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| **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 | | | | | |  | |  | |  | | | | |

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|  | | 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: | | | | | | | | | | | |
|  |  | | |  | |  | | | |  | |
|  |  | | |  | |  | | | |  | |
| 1. That (I am/we are) the owner(s) and record title holder(s) of the following described property: | | | | | | | | | | | |
|  |  | | | | | | | | |  | |
| 1. That this property constitutes the property for which a request for (describe request): | | | | | | | | | | | |
|  |  | | | | | | | | |  | |
|  |  | | | | | | | | |  | |
| 1. That the undersigned (has/have) appointed and (does/do) appoint: | | | | | | | | | | | |
|  |  | | | | | | | | | |  |
|  | as (his/their) agent(s) to execute any petitions or other documents necessary to affect such petition; | | | | | | | | | |  |
| 1. That this affidavit has been executed to induce the City of Clearwater, Florida to consider and act on the above described property; | | | | | | | | | | | |
| 1. 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; | | | | | | | | | | | |
| 1. 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: | | | | |  |  | | |
|  | | |  | | | | |  |  | | |