



# CITY OF CLEARWATER PLANNING DEPARTMENT

MUNICIPAL SERVICES BUILDING, 100 SOUTH MYRTLE AVENUE, 2<sup>nd</sup> FLOOR  
PHONE (727)-562-4567 FAX (727) 562-4576

## INFORMATION REQUIRED FOR APPLICATIONS FOR COMPREHENSIVE PLAN AMENDMENTS (INCLUDING FUTURE LAND USE MAP AMENDMENT)

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Please submit **15 copies** of the attached Application for Comprehensive Plan Amendment and the following supplemental information:

- \_\_\_ A legal description of the property. If the property is not a platted lot of record, a current boundary survey prepared, signed and sealed by a land surveyor currently registered in the State of Florida.
- \_\_\_ Proof of ownership, including a copy of the deed, title insurance policy, or other instrument demonstrating ownership.
- \_\_\_ Names of all persons or corporations having a contractual interest in the property.
- \_\_\_ An assessment of the impacts of the proposed change on the adequacy of public facilities, the environment, community character and the fiscal condition of the City
- \_\_\_ Information that demonstrates that the proposed amendment complies with the following standards:
  1. The proposed amendment furthers implementation of the Comprehensive Plan consistent with the goals, policies and objectives of the Plan.
  2. The amendment is not inconsistent with other provisions of the Comprehensive Plan.
  3. The available uses to which the property may be put are appropriate to the property in question and compatible with existing and planned uses in the area.
  4. Sufficient public facilities are available to serve the property.
  5. The amendment will not adversely affect the natural environment.
  6. The amendment will not adversely impact the use of property in the immediate area.

### **Attendance at Public Hearings**

The applicant or applicant's representative should be present at both the Community Development Board and City Commission public hearings.



**CITY OF CLEARWATER**  
**APPLICATION FOR**  
**COMPREHENSIVE PLAN AMENDMENT**  
**(INCLUDING FUTURE LAND USE MAP AMENDMENT)**  
**PLANNING DEPARTMENT**

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**APPLICANT, PROPERTY OWNERS, AND AGENT INFORMATION:**

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PROPERTY OWNERS: \_\_\_\_\_

(List all owners) \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**SITE INFORMATION:**

LOCATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

SIZE OF SITE: \_\_\_\_\_

FUTURE LAND USE CLASSIFICATION: PRESENT: \_\_\_\_\_ REQUESTED: \_\_\_\_\_

ZONING CLASSIFICATION: PRESENT \_\_\_\_\_ REQUESTED: \_\_\_\_\_

PROPOSED TEXT AMENDMENT: \_\_\_\_\_

(use additional paper if necessary) \_\_\_\_\_

I (We), the undersigned, acknowledge that all representations made in this application are true and accurate to the best of my/(our) knowledge.

\_\_\_\_\_  
 Signature of property owner or representative

\_\_\_\_\_  
 Signature of property owner or representative

**STATE OF FLORIDA, COUNTY OF PINELLAS**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 19\_\_\_\_ to me by \_\_\_\_\_, who is personally known has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Notary public,  
 my commission expires: