



**CITY OF CLEARWATER**  
**APPLICATION FOR A TEXT AMENDMENT TO THE**  
**LAND DEVELOPMENT CODE**

**PLANNING & DEVELOPMENT SERVICES**

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

All applications for text amendments to the land 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.

**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 : \_\_\_\_\_

**TEXT AND DEVELOPMENT INFORMATION:**

PROPOSED TEXT \_\_\_\_\_  
AMENDMENT: (use \_\_\_\_\_  
additional paper if necessary) \_\_\_\_\_  
If this application is in conjunction with a development application, please provide the following information:  
STREET ADDRESS: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_  
PARCEL NUMBER: \_\_\_\_\_  
SIZE OF SITE: \_\_\_\_\_  
PROPOSED DEVELOPMENT: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant or representative

**STATE OF FLORIDA, COUNTY OF PINELLAS**

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

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