LEGISLATIVE # 110168E



APPLICATION—CITY PLAN BOARD—TEXT AMENDMENT Planning & Development Services

OFFICE USE ONLY
Fee: \$____

	1 st Step Mtg Date:	EZ Fee: \$	
·	Tax Map No.	Receipt No	
	Account No. 001-670-67	/10-3401 []	
	Account No. 001-670-67	710-1124 (Enterprise Zone) []	
·	Account No. 001-670-67	10-1125 (Enterprise Zone Credit [j .
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		Applicant/Agent (Please print or typ	pe)
Applicant	t/Agent Name: CITY	PLAN BOXIED	
		N.E. WTH AVE.	
	AINESVILLE		
State: =		Zip: <u>326</u> 05	
Applicant	t/Agent Phone: 334	5022 Applicant/Agent Fax:	
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Certified Cashiers Receipt:

Phone: 352-334-5022

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amendment, or any expression of an	may rely upon any comment concerning a proposed by nature about the proposal made by any participant at representation or implication that the proposal will be by form.
CERTIFICATION	
The undersigned has read the above herewith.	application and is familiar with the information submitted
Signature of applicant/agent:	
Date: 1 1 1 1 1	•
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TY div.	
TL—djw	
8/99	

Phone: 352-334-5022