

130895G

Attachment 2

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

Petition No. 14-31 TCH 1st Step Mtg Date:	Fee: \$ GOVITHA	
1 st Step Mtg Date: Tax Map No.	EZ Fee: \$Receipt No.	
Account No. 001-660-6680-3401 [] Account No. 001-660-6680-1124 (En Account No. 001-660-6680-1125 (En	_ /	

Name of	Applicant/Agent (Please print or typ	e) ,
Applicant/Agent Name:	a Samesvilles /R	alok Helliand
Applicant/Agent Address: P.D.	DBOV 490 . 20	
City: Manesville	, , , ,	
State: Flouda	Zip: 32601	
Applicant/Agent Phone: 393-80	Applicant/Agent Fax:	
, ·	tending to file a petition for a text amend	2 , , ,
1	Development Code) or to the Comprehensi	
, , , , , , , , , , , , , , , , , , , ,	prior to filing the petition, in order to dis	
1 2 2	e evaluated as applicable to the particula	r zoning district or land use
category on a citywide basis.		
	TEXT AMENDMENT	
Check applicable request below:		
Land Development Code []	Comprehensive Plan Text []	Other []
Section/Appendix No.:	Element & Goal, Objective or Policy	Specify:
30-10/ Side walk	No.:	
Cape		

Proposed text language and/or explanation of reason for request (use additional sheets, if necessary):

Omend Dest win 30-121 related to Sido walk Cafe's

to add provision consisted with State of He

Ilouida Department of Transportation requirements for

use of State right-of-ways.

Certified Cashiers Receipt:

Phone: 352-334-5022

Application—Text Amendment	130895G			
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			APA-2-7-10-10-10-10-10-10-10-10-10-10-10-10-10-	
No person submitting an application amendment, or any expression of the pre-application conference a ultimately approved or rejected it	f any nature about the pr s a representation or imp	oposal made by	any partici	pant at
CERTIFICATION				
CERTIFICATION The undersigned has read the abherewith.		miliar with the	information	submitte

Phone: 352-334-5022