





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

Petition No. PB-12-97 TCH Fee. ©

1st Step Mtg Date:	EZ Fee: \$
Tax Map No.	Receipt No.
Account No. 001-660-6680-3401 [
Account No. 001-660-6680-1124 (
Account No. 001-660-6680-1125 (Enterprise Zone Credit []
Name of Applicant	/Agent (Please print or type)
Applicant/Agent Name: City Plan Board	0
Applicant/Agent Address: Plo Box 498	
City: Cainero. The State: F1	7. 22/22
Applicant/Agent Phone:	Zip: 32627
Applicant/Agent Fholie.	Applicant/Agent Fax:
Note: It is recommended that anyone intending to f	file a petition for a text amendment to Chapter 30 of the City of
Gainesville Code of Ordinances (Land Developmen	t Code) or to the Comprehensive Plan, meet with the
Department of Community Development prior to fil	ing the petition, in order to discuss the proposed amendment
and petition process. The request will be evaluated	as applicable to the particular zoning district or land use
category on a citywide basis.	
	AMENDMENT
Check applicable request below:	
	nensive Plan Text [] Other []
Section/Appendix No.: Element &	& Goal, Objective or Policy Specify:
Sec 30-65.2 (UMV-2) No.:	
Proposed text language and/or explanation of	reason for request (use additional sheets, if necessary):
A Med Land Devalorest Code Son 3	0-65.2. Vilogo Mixed-Use district 2 (UMU-2)
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Certified Cashiers Receipt:

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	No person submitting an application may rely upon any comment concerning a proposed amendment, or any expression of any nature about the proposal made by any participant at the pre-application conference as a representation or implication that the proposal will be ultimately approved or rejected in any form.
	CERTIFICATION
	The undersigned has read the above application and is familiar with the information submitted herewith.
	Signature of applicant/agent:
•	Date: 8-20-12
	TL—djw 8/99

Phone: 352-334-5022