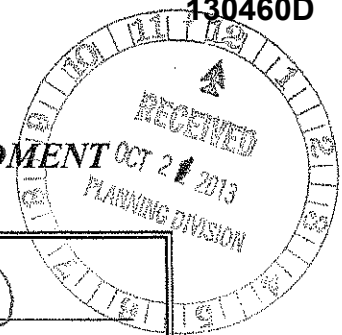


APPLICATION—CITY PLAN BOARD—TEXT AMENDMENT
Planning & Development Services



OFFICE USE ONLY	
Petition No. <u>PA-13-107 TCH</u>	Fee: \$ <u>N/A (Gov't)</u>
1 st Step Mtg Date: _____	EZ Fee: \$ _____
Tax Map No. _____	Receipt No. _____
Account No. 001-660-6680-3401 []	
Account No. 001-660-6680-1124 (Enterprise Zone) []	
Account No. 001-660-6680-1125 (Enterprise Zone Credit) []	

Name of Applicant/Agent (Please print or type)	
Applicant/Agent Name: <u>City of Gainesville</u>	
Applicant/Agent Address: <u>P.O. Box 490</u>	
City: <u>Gainesville, FL</u>	
State: <u>Florida</u>	Zip: <u>32601</u>
Applicant/Agent Phone: _____	Applicant/Agent Fax: _____
<u>Lawrence Calderon</u>	

Note: It is recommended that anyone intending to file a petition for a text amendment to Chapter 30 of the City of Gainesville Code of Ordinances (Land Development Code) or to the Comprehensive Plan, meet with the Department of Community Development prior to filing 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.

TEXT AMENDMENT		
Check applicable request below:		
Land Development Code <input checked="" type="checkbox"/>	Comprehensive Plan Text <input type="checkbox"/>	Other <input type="checkbox"/>
Section/Appendix No.: _____	Element & Goal, Objective or Policy No.: _____	Specify: _____

Proposed text language and/or explanation of reason for request (use additional sheets, if necessary):
<u>Amend the Land Development Code to Seasonal</u>
<u>PODs facilities in Planned Development and Apartment</u>
<u>Complexes</u>

Certified Cashiers Receipt:

[illegible]

CERTIFICATION

Signature of applicant/agent:

Date:

Phone: 352-334-5022