

Petition No.

1st Step Mtg Date:



N/A GOVIT

130435E

AFVANNAS DIALEION

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

OFFICE USE ONLY 3C/A Fee: \$

EZ Fee: \$

	Tax Map No.	Receipt No.	
	Account No. 001-660-66	580-3401 []	
		80-1124 (Enterprise Zone) []	
	Account No. 001-660-66	880-1125 (Enterprise Zone Credit	1
		Enterprise Zone Credit [
	Name of	Applicant/Agent (Please print or type	oe)
Applicant	Agent Name: (:+/ Pla	1- Board	
	Agent Address: Po	30X 490	
City: Ga	nessille		
State:		Zip: 32627	
Applicant/Agent Phone: Applicant/Agent Fax:			
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 Comprehensive Plan Text Other Section/Appendix No.: Urban Design Element No.: Urban Design Element			
Urban.	The City of Gai	anation of reason for request (use add nesulle Comprehensive Plan and incorporate the relevo ments of the Comprehensive	n to delete the

Certified Cashiers Receipt:

Phone: 352-334-5022

amendme the pre-ap ultimately	n submitting an application may rely upon any comment concerning a proposed ont, or any expression of any nature about the proposal made by any participant at oplication conference as a representation or implication that the proposal will be approved or rejected in any form.
CERTIFI	CATION
The under herewith.	rsigned has read the above application and is familiar with the information submitted
Signature	of applicant/agent:
Date:	7-16-13
TL—djw 8/99	

Application—Text Amendment

Phone: 352-334-5022