



**CITY OF GREENACRES  
APPLICATION FOR  
ZONING TEXT AMENDMENT APPROVAL**

**INSTRUCTIONS TO APPLICANT:**

1. Answer all questions completely.
2. A filing fee in the amount of One Thousand One Hundred Forty Dollars (\$1,140.00) and advertising fees in the amount of One Thousand One Hundred Fifty Dollars (\$1,150.00) must accompany this application. **Since advertising costs vary, the final amount will be reconciled upon receipt of invoice from the newspaper.**
3. Provide required attachments as shown on the attached checklist.

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1. **AMENDMENT NAME:** \_\_\_\_\_

2. **AGENT'S NAME:** \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

3. **APPLICANT'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

4. **\*CORRESPONDENCE ADDRESS:** *(If different than agent or applicant)*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

***\*This is the address to which all agendas, letters and other materials will be forwarded.***

5. **TYPE OF AMENDMENT (CHECK AS APPROPRIATE):**

SUPPLEMENT (NEW TEXT)  MODIFICATION  REPEAL

6. **AFFECTED SECTIONS OF THE ZONING REGULATIONS:**

ARTICLE \_\_\_\_\_, DIVISION \_\_\_\_\_ SECTION \_\_\_\_\_.  
ARTICLE \_\_\_\_\_, DIVISION \_\_\_\_\_ SECTION \_\_\_\_\_.  
ARTICLE \_\_\_\_\_, DIVISION \_\_\_\_\_ SECTION \_\_\_\_\_.

7. **PETITIONER'S PROPOSED AMENDMENT** (Provide specific wording) Provide attachments as necessary:

8. **APPLICANT'S STATEMENT(S) OF JUSTIFICATION:**

The applicant is to explain how the request conforms to the following findings:

A. Reason and need for the requested text change (Why is the proposed zoning text amendment necessary?):

B. Reason for the present text being invalid or inappropriate (State specific evidence or example of the claim):

- C. Explain how the proposed amendment complies with the objectives and purposes of the City's Comprehensive Plan (With appropriate consideration as to whether the proposed change will further the purposes of these zoning regulations or other City Codes, regulations and actions designed to implement the Comprehensive Plan):

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name of Applicant

**SWORN TO AND SUBSCRIBED BEFORE ME** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me, or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Notary Name (Typed, Stamped or Printed)

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF GREENACRES**  
**ZONING TEXT AMENDMENT**  
**SUBMITTAL CHECKLIST**

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<b>CITY USE</b>		
<b>YES</b>	<b>NO</b>	<b>N/A</b>

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>a.</b> Application Review and Advertising Fee  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>b.</b> Completed application signed by applicant.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>c.</b> Attachments as necessary to address: <ul style="list-style-type: none"><li>- Exact proposed text language</li><li>- Justification for request</li></ul> |



**THE ZONING TEXT AMENDMENT PROCESS**  
**City of Greenacres**  
**Department of Community Services**  
**Planning Division**

