



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 Dollars (\$1,000.00) 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.

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

CITY USE		
YES	NO	N/A

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



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

