

City Of Clewiston

121 Central Avenue Clewiston, Florida 33440 • Phone: 863-983-1500 • Fax: 863-983-1430
www.clewiston-fl.gov

APPLICATION FOR TEXT AMENDMENT

Application Fee \$1,500.00 (non-refundable) Due in the Planning Department by the 10th of the month

THIS APPLICATION MUST HAVE ALL INFORMATION FIELDS COMPLETED. RETURN IT TO THE COMMUNITY DEVELOPMENT DEPARTMENT AT 121 CENTRAL AVENUE. IT IS IMPORTANT THAT THE APPLICANT OR A REPRESENTATIVE BE PRESENT AT EACH REQUIRED PUBLIC MEETING TO ANSWER ANY BOARD QUESTIONS REGARDING YOUR REQUEST. YOU WILL BE NOTIFIED OF MEETING DATES.

Applicant(s) Name: _____

Address: _____

City, State: _____

Phone Number(s): _____

Type of request: Text Amendment Other _____

Code Text Amendment Information

List Article and Section of Code regarding proposed Text Amendment.(example: Article II Prohibited Signs, Ch 100.01-100.45)

Proposed Language (Attach additional sheet or supporting document if necessary.)

Justification

Please state the reason why the Code amendment has been requested. Include not only what benefits the Code amendment would have to applicant, but also indicate whether the proposed amendment is considered a change in circumstances, an error, an inconsistency, or an oversight and describe how it fits that category.

Signature of Owner or Agent _____ **Date** _____