



Request for Zoning Text Amendment

DATE: _____

APPLICANT: _____

ADDRESS: _____

TEL. No.: [] _____ E-MAIL: _____

ZONING CODE SECTION TO BE AMENDED: *[Example: Sec. IV-201 Applications & Administrative Review - Item (a) (1)]*

DESCRIPTION OF PROPOSED AMENDMENT: *[Use additional sheets if necessary]:*

JUSTIFICATION FOR AMENDMENT: *[Document examples of need for this change. Use additional sheets if necessary]:*

Click Here for a Status Update on the Processing of this Requested Text Amendment or send an e-mail to Michael.taylor@sarasotagov.com

FOR USE BY CITY STAFF ONLY

LEVEL OF DIFFICULTY [TECHNICAL]:

SIMPLE MODERATE DIFFICULT

PRIORITY NEED FOR CHANGE:

LOW MEDIUM HIGH

LEVEL OF DIFFICULTY [PUBLIC]:

SIMPLE MODERATE DIFFICULT

ANNUAL AMENDMENT CYCLE:

1ST CYCLE 2ND CYCLE
 NEXT YEAR