



CHARLOTTE COUNTY  
 COMMUNITY DEVELOPMENT DEPARTMENT

APPLICATION for  
 TEXT AMENDMENT TO  
 LAND DEVELOPMENT REGULAITONS

Date Received: 11/30/2022	Time Received: 11/30/2022
Date of Log-in: 11/30/2022	Petition #: TLDR-22-03 Accela #: TLDR-22-03
Receipt #:	Amount Paid: <u>N/A</u>

**1. PARTIES TO THE APPLICATION**

**Name of Applicant:** Charlotte County Board of County Commissioners

Mailing Address: 18500 Murdock Circle

City: Port Charlotte

State: FL

Zip Code: 33948

Phone Number:

Fax Number:

Email Address:

**Name of Agent:** Shaun Cullinan

Mailing Address: 18400 Murdock Circle

City: Port Charlotte

State: FL

Zip Code: 33948

Phone Number:

Fax Number:

Email Address:

**2. APPLICANT'S ATTACHMENTS**

- a. Submit a strikethrough/underline version of the proposed changes.
- b. Describe the purpose of/reason for the proposed change. To define the term of "Farmer's Market" in Section 3-9-2, and amend Sections 3-9-29, 3-9-33, 3-9-34 to add this type of use a conditional use.

**3. ADDITIONAL REQUIREMENTS**

- a. *Traffic Impact Study*: If the proposed change could influence traffic patterns, supply a study that identifies the impacts that could occur through adoption of the proposed change. N/A
- b. *Environmental Impact Assessment*: If the proposed change could have an impact on environmental resources, supply a narrative discussing what those impacts could be and how they will be mitigated. N/A
- c. *Public Infrastructure and Service Impact Assessment*: If the proposed change could have an impact on infrastructure or services, supply a narrative discussing what those impacts could be

and how they will be mitigated or addressed. N./A

### AFFIDAVIT

I, the undersigned, being first duly sworn, depose and say that all data and other supplementary matter attached to and made a part of the application and staff report are honest and true to the best of my knowledge and belief.

STATE OF Florida, COUNTY OF Charlotte

The foregoing instrument was acknowledged before me this 30th day of November, 2022, by

who is personally known to me or has/have produced

as identification and who did/did not take an oath.

Heather M Bennett  
Notary Public Signature

[Signature]  
Signature of Applicant or Agent

Heather M. Bennett  
Notary Printed Signature

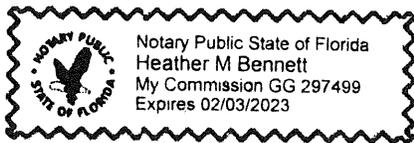
Shaun Colligan  
Printed Signature of Applicant or Agent

Title

18400 Murdock Circle  
Address

Commission Code

Port Charlotte, FL 33948  
City, State, Zip



941-743-1922  
Telephone Number