

CHARLOTTE COUNTY
COMMUNITY DEVELOPMENT



DEPARTMENT

Text Amendment to Land Development Regulations Application Information

Application Submittal Requirements

- **Supply one unbound copy of the Application Materials (see checklist below).** Staff will have up to 5 working days following the application deadline day to review the application for completeness. If incomplete, the application will be returned with a description of the reasons why the application is incomplete. The applicant may resubmit the application any time prior to the next application deadline day.
- **Once deemed complete, the applicant will be notified that the application has been logged-in. The applicant is then required to supply one electronic copy, in PDF format, of all documents.** Additional copies of certain items will be required prior to the public hearing dates. ***Do not*** submit the additional copies to the Building and Growth Management Department until requested by a staff member of the department.
- **If deemed complete, the application will be logged in and assigned to a P&Z and BCC hearing cycle (see attached Application Schedule).** Staff will commence review.
 - The applicant is responsible for promptly providing any information that needs to be updated, modified, or newly submitted as part of the review; otherwise the petition may be continued to a later cycle or a recommendation of denial will be necessary.
- **No additional changes may be made to any information in an application subsequent to one week before the hearing packet is due to be compiled for the Planning and Zoning Board members or the NOVUS Agenda item deadline for the Board of County Commissioners.** The planner in charge of the petition will be able to inform the applicant of the drop-dead date.
- The filing fee is **\$2,640.00**, with check made payable to the Charlotte County Board of County Commissioners or CCBCC

Additional Copies for Hearing Packet

10 copies each of the following when requested by department staff:

- any bound items
- any maps or other graphics sized larger than 11 X 17 (except surveys)
- any items in color.



CHARLOTTE COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT

**APPLICATION for
 Text Amendment to the County's land Development Regulations**

Date Received:	Time Received:
Date of Log-in:	Petition #:
	Accela #:
Receipt #:	Amount Paid:

1. PARTIES TO THE APPLICATION

Name of Applicant: Shaun Cullinan, Charlotte County Board of County Commissioners

Mailing Address: 18500 Murdock Circle

City: Port Charlotte	State: FL	Zip Code: 33948
Phone Number: N/A		Fax Number: N/A
Email Address: Shaun.Cullinan@Charlottecountyfl.gov		

Name of Agent: Shaun Cullinan

Mailing Address: 18400 Murdock Circle

City: Port Charlotte	State: FL	Zip Code: 33948
Phone Number: 941-743-1922		Fax Number: N/A
Email Address: Shaun.Cullinan@Charlottecountyfl.gov		

2. APPLICANT'S ATTACHMENTS

- Submit a strikethrough/underline version of the proposed changes.
- Describe the purpose of/reason for the proposed change.
 To amend Section 3-7-34. Approval of the final plat. To authorize appropriate Department Director to sign the mylar.

3. ADDITIONAL REQUIREMENTS

- 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**
- 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**
- 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**

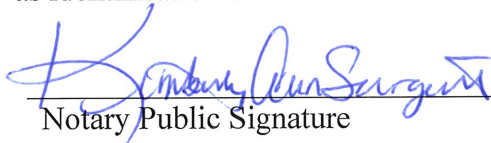
AFFIDAVIT

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 19th day of August, 2025, by
who is personally known to me or has/have produced

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



Notary Public Signature



Signature of Applicant or Agent

Kimberly Ann Sargent

Notary Printed Signature

Shaun Cullinan

Printed Signature of Applicant or Agent

Sr. Admin. Asst.

Title

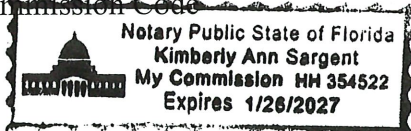
18500 Murdock Cir.

Address

Port Charlotte, FL 33948

City, State, Zip

Commission Code



941-743-1922

Telephone Number