

CHARLOTTE COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

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

Date Received: 8/11/2020	Time Received:
Date of Log-in:8/11/2020	Petition #: Accela #: TLDR-20-02
Receipt #:	Amount Paid: N/A

1. PARTIES TO THE APPLICATION

Name of Applicant: Charlotte	County Board of C	ounty Commissioners
Mailing Address: 18500 Murdo	ck Circle	
City: Port Charlotte	State: FL	Zip Code: 33948
Phone Number:		Fax Number:
Email Address:		
Name of Agent: Shaun Cullinan		<u></u>
Mailing Address: 18400 Murdo	ock 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. A publicly-initiated request to amend Charlotte County Land Development Regulations, Chapter 3-9: Zoning, Article II: District Regulations, by:
 - 1) Revising the Land Development Regulations Table of Contents to add new Section 3-9-45.1: Planned Development (PD) Open Space and Setback Special Requirements.
 - 2) Revising Section 3-9-45: Planned Development (PD).
 - 3) Creating new Section 3-9-45.1: Planned Development (PD) Open Space and Setback Special Requirements.

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.
- 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

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they will be mitigated.

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.

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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 acknowledg	ged before me this $\frac{1^{57}}{20}$ day of $\frac{1}{20}$ day of $\frac{1}{20}$, by
who is personally known to me or has/have	e produced
as identification and who did/did not take a	an oath.
Clother & Bennett	the '
Notary Public Signature	Signature of Applicant or Agent
Heather M Bennett	Shaun Cullingn
Notary Printed Signature	Printed Signature of Applicant or Agent
	18400 Murdock Circle
Title	Address
	Port Charlotte, FL 33948
Commission Code	City, State, Zip
***************************************	(941) 743-1922
Notacy Public State of Florida	Telephone Number

leather M Bennett