

LAND DEVELOPMENT CODE AMENDMENT APPLICATION
(COUNTY INITIATED)

Land Development Code Section 10.02.09
Chapter 2 B. of the Administrative Code for Land Development

Assigned Planner: _____

Staff Requestor

Requested By: _____ Request Date: _____

Department/Division: _____ Phone: _____

E-Mail: _____

Amendment Request Information

The following information will be utilized for initiating the LDC Amendment Application within CityView:

Project Name: _____

Location Description: _____

Project Description: *(Provide a brief description of the requested change.)*

LDC Sections to Amend

Sections	Title

Change Requested

Include specific LDC sections and the intended change:

Supporting Information/Reason for Change

Provide explanation of why the change is needed, and any staff clarifications, memorandums, etc. that support the change:

Relevant Staff

Include the names of staff members and divisions the amendment will impact.

STAFF NAME(S):	DEPARTMENT/DIVISION:

Final Submittal Requirement Checklist for:
 County Initiated LDC Amendments
 Ch. 2 B. of the Administrative Code for Land Development

The following Submittal Requirement Checklist is to be utilized for initiating the LDC Amendment Application within CityView. Items that are deferred are not required at time of application setup and may be submitted at a later time.

REQUIREMENTS FOR REVIEW:	REQUIRED	DEFERRED
Completed Application	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed LDC Amendment Draft	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative Code Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amended Zoning Maps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electronic copy of all documents	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The completed application, all required submittal materials, and fees shall be submitted to:
 Growth Management Community Development Department | GMCD Portal:
<https://cvportal.colliercountyfl.gov/cityviewweb>

Questions? Email: GMDClientServices@colliercountyfl.gov

Signature

Date

Printed Name