



City of Port St. Lucie - A City for All Ages

Planning & Zoning Department

Phone 772-871-5212 FAX 772-871-5124



ZONING TEXT AMENDMENT REQUEST

P&Z File No. _____

Non Refundable Fee: \$ _____

Receipt No.: _____

Applicant's Name: _____

Business Name: _____

Mailing Address: _____

Phone No.: _____ FAX No.: _____

Note: If additional space is needed, please use a separate sheet of paper and attached to this form.

INSTRUCTIONS: LIST CHAPTER, SECTION AND PAGE OF TEXT TO BE CHANGED/ADDED:

Copy text verbatim from the Land Use Regulations	_____

STATEMENT OF THE REQUESTED CHANGE:

Deletions must be shown as strike through, additions must be <u>underlined</u>	_____

JUSTIFICATION OF THE PROPOSED CHANGE:

OWNER'S SIGNATURE

HANDPRINT NAME/TITLE

DATE