



City of Port St. Lucie

Planning & Zoning Department



ZONING TEXT AMENDMENT REQUEST

P&Z File No.: _____

Non Refundable Fee: \$ _____

Receipt No.: _____

PRIMARY CONTACT EMAIL ADDRESS:

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 attach it 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 underlined.)

JUSTIFICATION OF THE PROPOSED CHANGE:

OWNER'S SIGNATURE

HANDPRINT NAME/TITLE

DATE