



City of Ocala

Case No. _____

GROWTH MANAGEMENT DEPARTMENT
DEVELOPMENT SERVICES
201 SE 3rd STREET, (Second Floor), OCALA, FL 34471
Phone: (352) 629-8404 Fax: (352) 629-8242
Email: gmd@ocalafl.org Website: www.ocalafl.org

APPLICATION TO AMEND LAND DEVELOPMENT REGULATIONS (LDRs)

Amendment to table of permitted uses (\$4,000)

Other amendment to LDRs (\$2,500)

Due Date: First Monday of each month, 5 p.m., for the meeting on the second Monday of the following month.

1. Name of Petitioner(s): _____

2. Address of Petitioner(s): _____

City _____ State _____ Zip Code _____ Phone # _____

Fax # _____ Email address _____

3. Site the section of the LDRs that you wish to have amended: _____

4. Explain the reason for the amendment: _____

5. The following items are required to complete this application before advertisement may be made for a public hearing:

- a. A copy of the proposed text change
- b. A copy of the proposed ordinance in strike out and underline form
- c. Petitioner's notarized signature, and agent's signature if agent is used
- d. Appropriate fee in cash, or check (Payable to the City of Ocala)

I, _____, being first duly sworn, affirm and say that I am the owner of the property described above.

Owner's Signature

Address (Street)

Phone Number

City, State, Zip Code

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____, day of _____, 20_____,

by _____, who is personally known to me or has produced

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

NOTARY PUBLIC

Commission No.: _____

Commission Expires: _____

I, _____, am the legal representative of the owner and I am authorized to speak in his/her behalf for the subject matter.

Agent's Signature

Address (Street)

Phone Number

City, State, Zip Code

Email Address

ATTENDANCE at the public hearing by the applicant or agent (as designated in writing) **IS MANDATORY**

STAFF USE ONLY:

a. Date received: _____

b. Petition has been checked and found to contain all required information: Y N

c. Case number assigned: _____