



PLANNING AND DEVELOPMENT DEPARTMENT

MINOR REVISION APPLICATION

This application is required to request a Minor Revision to a Level Two Flexible Development (FLD) approval. Requests shall be submitted online via the Zoning Portal. Direct link to Zoning Portal below (or search myclearwater.com for Zoning Portal):

<https://app.smartsheet.com/b/form/3642a8d355a64abbb53c6c1e80472778>



It is the responsibility of the applicant to submit complete and correct information. Any misleading, deceptive, incomplete or incorrect information may invalidate your application. The applicant, by filing this application, agrees to comply with all applicable requirements of the [Community Development Code \(CDC\)](#). Minor Revisions shall comply with [CDC Section 4-406.A](#), as detailed on page two. Requests that do not meet the criteria for a Minor Revision shall be granted only in accordance with the procedures for the original approval.

SUBMITTAL REQUIREMENTS

FEE: \$400

Invoice created online, after receipt of request.

1. **Completed application.**
2. **Comparison of approved plans and proposed revisions. Must include side-by-side plans and/or elevations that are annotated to clearly illustrate the change ([example provided](#)).**
3. **Supporting detailed plans and narratives, as needed.**

FLD Case Number to be revised: _____

Property Owner (s) (Per Deed): _____

Owner Phone Number: _____

Owner Email: _____

Applicant/Representative Name & Company: _____

Applicant/Representative Phone Number: _____

Applicant/Representative Email: _____

Address(es) of Subject Property: _____

Parcel Number(s): _____

[Future Land Use](#): _____ [Zoning](#): _____

Special Area Plan or Design Standards:

[Beach by Design](#)

☐

[US 19 District](#)

☐

[Downtown District](#)

☐

Other _____

None

☐



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PROVIDE COMPLETE RESPONSES TO EACH OF THE NINE (9) MINOR REVISION CRITERIA FROM CDC SECTION 4-406.A. EXPLAIN HOW, IN DETAIL, THE PROPOSED MINOR REVISION COMPLIES WITH EACH CRITERION.

1. Does not result in conflicts in on-site circulation and/or negative impacts with ingress/egress.

2. Does not change the use unless such change is of a similar or less intensity, as determined by the Community Development Coordinator.

3. Does not increase the density or intensity of the development.

4. Does not result in a reduction of setback or previously required landscape area.

5. Does not result in a substantial change to the location of a structure previously approved.

6. Does not result in a substantial modification or the cancellation of any condition placed upon the application as originally approved.

7. Does not add property to the parcel proposed for development.

8. Does not increase the height of the buildings in a manner that will change the overall height of the project, will not alter the scale of the project, does not exceed the maximum height permitted in by the applicable special area plan and zoning district.

9. Any other minor revision that does not substantially alter the character and design of the project.



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Affidavit to Authorize Agent/ Representative
If multiple owners or properties, multiple affidavits may be required.

1. Provide names of all property owners on deed – PRINT full names:

2. That (I am/we are) the owner(s) and record title holder(s) of the following described property:

3. That this property constitutes the property for which a request for (describe request):

4. That the undersigned (has/have) appointed and (does/do) appoint:

_____ as (his/their) agent(s) to execute any petitions or other documents necessary to affect such petition;

5. That this affidavit has been executed to induce the City of Clearwater, Florida to consider and act on the above described property;
6. That site visits to the property are necessary by City representatives in order to process this application and the owner authorizes City representatives to visit and photograph the property described in this application;
7. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Property Owner

Property Owner

Property Owner

Property Owner

STATE OF FLORIDA, COUNTY OF PINELLAS

BEFORE ME THE UNDERSIGNED, AN OFFICER DULY COMMISSIONED BY THE LAWS OF THE STATE OF FLORIDA, ON
THIS _____ DAY OF _____, _____, PERSONALLY APPEARED
_____ WHO HAVING BEEN FIRST DULY SWORN
DEPOSED AND SAYS THAT HE/SHE FULLY UNDERSTANDS THE CONTENTS OF THE AFFIDAVIT THAT HE/SHE
SIGNED.

Notary Public Signature
My Commission
Expires:

Seal/Stamp