

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 (OR SEARCH MYCLEARWATER.COM FOR ZONING PORTAL).

THE APPLICANT AND/OR AGENT IS REQUIRED TO SUBMIT COMPLETE AND CORRECT INFORMATION AS INCLUDED IN THIS APPLICATION. IF THE PROPERTY OWNER IS NOT A NATURAL PERSON, SUCH AS AN ORGANIZATION (COMPANY OR TRUST), THE NAME OF THE PERSON SIGNING ON BEHALF IS REQUIRED. IF THERE IS MORE THAN ONE AGENT OR REPRESENTATIVE, THE NAME OF EACH PERSON NEEDS TO BE PROVIDED.

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.

APPLICATION FEE: □	\$400
	LANS AND PROPOSED REVISIONS. MUST INCLUDE SIDE-BY-SIDE PLANS AND/OR ATED TO CLEARLY ILLUSTRATE THE CHANGE (EXAMPLE PROVIDED). AND NARRATIVES, AS NEEDED.
FLD CASE NUMBER TO BE REVISED:	
PROPERTY OWNER(S) (PER DEED):	
PHONE NUMBER:	
EMAIL:	
APPLICANT/REPRESENTATIVE	
NAME & COMPANY:	
APPLICANT/REPRESENTATIVE	
PHONE NUMBER:	
APPLICANT/REPRESENTATIVE	
EMAIL:	
ADDRESS OF	
SUBJECT PROPERTY:	
PARCEL NUMBER(S):	
FARCLE NOWIDER(3).	
FUTURE LAND USE:	
ZONING:	
SPECIAL AREA PLAN OR DESIGN STANDAR	DS: 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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PLANNING AND DEVELOPMENT DEPARTMENT AFFIDAVIT TO AUTHORIZE AGENT/REPRESENTATIVE

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.	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 describe 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/ Registered Agent of Organization Property Owner/ Registered Agent of Organization			
	Property Owner/ Registered Agent of Organization Property Owner/ Registered Agent of Organization			
	STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me by means * physical presence or * online notarization, this			
	day of, 202 by () as () of (), who is/are personally known to me or who has/have produced a driver's license as identification.			
	NOTARY PUBLIC			
	Signature:			
	Commission expires:			

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