



## City of Crystal River

Department of Planning & Community  
Development  
123 Northwest Highway 19  
Crystal River, FL 34432  
Telephone: (352) 795-4216  
Facsimile: (352) 795-6351  
[development@crystalriverfl.org](mailto:development@crystalriverfl.org)

### **APPLICATION FOR COMPREHENSIVE PLAN TEXT AMENDMENT**

**Fee: \$1,000  
TO BE PAID AT TIME OF APPLICATION**

AltKey: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Name of Petitioner(s): \_\_\_\_\_  
\_\_\_\_\_

Address of Petitioner(s): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_

State the Comprehensive Plan Element you request to amend: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain the reason for the proposed amendment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give evidence of consistency of the Proposed Amendment with the Comprehensive Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments:

- ☐ Standard Application Form.
- ☐ Copy of the proposed text change.
- ☐ Copy of the proposed ordinance in strike-through and underline form.
- ☐ Attach as many additional pages as necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip Code

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by ( ) physical presence or ( ) remote audio-visual means 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: \_\_\_\_\_