

Neighborhood Workshop Request Form

This form is to be submitted to Planning Services upon completion of the pre-application conference and shall include a cover memo explaining the request, a copy of the development concept plan and a processing fee of \$215.00 per Resolution No. 2009-188. A staff member will contact you when the mailing labels are completed. Please be reminded that a Planning staff member must attend the neighborhood workshop.

Petition Number _____

Requested Workshop Date and Time: _____

Location: _____

Please allow at least 2-3 business days for processing labels.

Property Identification (PID) Numbers:

Property located within a Planned District

_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____
_____ - _____ - _____	_____ - _____ - _____

Notes, comments or additional PID #s: _____

Contact Information

Requested by: *(please print)* _____

Phone Number:: _____

E-mail Address: _____

Mailing Address *(If applicable)*

Street _____

Apt/Unit _____

City/State/Zip _____

Preferred Format:

Paper or Electronic copy formatted for label sheets

E-Mail Excel File *(Recommended)*

Printed Labels

_____ Mail to Address Above

_____ Hold for Pick-Up

Attachments: _____ Cover Memo
 _____ Development Concept Plan (DCP)
 _____ Cash or check payable to
 Board of County Commissioners

Planning and Development Services Business Center
Planning Services
 1660 Ringling Blvd., 1st Floor, Sarasota FL 34236
 Phone: 941-861-5140 and Fax: 941-861-5593
 eMail: bcanales@scgov.net