



CITY OF SATELLITE BEACH
APPLICATION for CHANGE TO CITY CODE OF
SATELLITE BEACH

Fee: \$500.00

Escrow: \$400.00

Name of Applicant: _____ Phone Number: _____

Address: _____

Code section number: _____

Proposed Code Amendment Language:

Reason or Justification for proposed code amendment. Use separate sheet if necessary.

APPLICANT'S SIGNATURE:

SWORN TO AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____ 20__
BY _____
WHO IS PERSONALLY KNOWN TO ME OR
WHO HAS PRODUCED _____
AS IDENTIFICATION.

Notary Public