

Growth Management Community Development Department 2800 North Horseshoe Drive, Naples, Florida 34104

Phone: (239) 252-1036 | Email: GMDClientServices@colliercountyfl.gov www.colliercountyfl.gov

REQUEST FOR CONTINUANCE OR WITHDRAWAL

To Be Submitted to Assigned Planner

| TYPE OF REQUEST (Check one): | CONTINUANCE | | WITHDRAWAL | |
|------------------------------------------------------------------------------------|-----------------------------------|----------------|-----------------|--------------|
| CC | INTACT INFORMATION | | | |
| Printed Name: | | | | |
| Address: | City: | | State: | ZIP: |
| Telephone: | Cell: | | otate. | |
| E-Mail Address: | | | | |
| COMPLETE THIS SECTI | ON ONLY IF REQUESTING | A CONTIN | IUANCE | |
| If requesting a continuance, please indicate | length of time: | to: | OR | Indefinite |
| DATE OF SCHEDULED HEARING: | | | | |
| SCHEDULED HEARING BODY: | | | | |
| PETITION NO: | | | | |
| PROJECT NAME: | | | | |
| TYPE OF APPLICATION (eg: Rezoning, Condition | nal Use, Variance, etc) | | | |
| REASON FOR REQUEST: | | | | |
| FEE REQUIREMENTS: | | | | |
| If continuance is requested after petition | n has been advertised \$500.00 | | | |
| If continuance is requested at the meeti | ng \$750.00 | | | |
| *Resultant additional required advertising, i | n addition to continuance fees, m | ust be paid p | rior to new hea | ring date. |
| The applicant representative must attend the | Collier County Planning Comm | ission / Board | d of County Co | mmissioners |
| hearing to discuss the reason for the need for | the continuance. | | | |
| UNDER PENALTIES OF PERJURY, AND PURSUAN THE FOREGOING REQUEST AND THAT THE FACT | | ON 92.525, I | DECLARE THA | T I HAVE REA |

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Date

Signature of Applicant or Authorized Agent