



CITY OF SARASOTA  
**DEVELOPMENT APPLICATION**

## Public Input Sheet

DATE: \_\_\_\_\_ APPLICATION NO. \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

***Please indicate subject area of comment below:***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Neighborhood            | <input type="checkbox"/> Housing                   | <input type="checkbox"/> Environmental Protection<br>and Coastal Islands |
| <input type="checkbox"/> Recreation / Open Space | <input type="checkbox"/> Utilities                 | <input type="checkbox"/> Transportation                                  |
| <input type="checkbox"/> Future Land Use         | <input type="checkbox"/> Governmental Coordination | <input type="checkbox"/> Public School Facilities                        |
| <input type="checkbox"/> Capital Improvements    | <input type="checkbox"/> Historic Designation      |  |

***Whether you plan to speak or not, please indicate your concerns and/or comments below.***

Comment: \_\_\_\_\_  
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