



**Hillsborough County
City-County
Planning Commission**

Comprehensive Plan Amendment Revision Form

Date: _____

Plan Amendment Number: _____

Applicant's Name: _____

Applicant's Email: _____

In the box below, please provide a detailed description of the proposed change(s) to the initial plan amendment application. If adding or removing folio number(s), please list or attach separately a list of all folio number(s) in the amended application and the existing and proposed Future Land Use categories. Please attach any related supporting documentation.

Applicant's Signature: _____

Date: _____