

PINELLAS COUNTY PLANNING DEPARTMENT COMMUNITY DEVELOPMENT DIVISION

SPA Amendment Request Form

Please complete form in its entirety and submit to Compliance

Date of Request: Name of Agency:				SPA #:	
Additional Funds Request?	Yes No		nal Funds equested?	Original Funding Amount?	New Amended Total Amount?
Why are additional funds requ	iired? Please pro	vide expla	nation:		
2. Term Extension Request?	Yes No		al Months sted (#)?	Original Expiration Date?	New Expiration Date?
Why is a term extension requi	red? Please prov	vide explar	ation:		
3. Project Description Request? Revised project description:	Yes No				
Why is project description revi	sion required?				
4. Approved by Projects Division		Yes No	Pro	ject Manager:	
SPA	LURA			GRANICUS	STAFF
Previously Amended? Yes No	Existing LURA?		Yes No	Started:	Amended By:
If yes, 1 st , 2 nd , 3rd, etc.?	Amendment Re	equired?	Yes No	Completed:	Compliance Mgr.:

Previously Amended?

Yes

No