



MEMORANDUM

FROM: Brittany Smith, Planner
DEPT: Planning and Zoning
TO: Kelly Michaels, City Clerk
DATE: June 18, 2025
RE: Transmittal of Petition for Council Action –
Sarasota Memorial Hospital No. 25-27CP

SUBJECT: Transmittal of Petition for Council Action 25-27CP

On June 17, 2025, the Planning Commission, made the following motion for the subject petition:

Petition No. 25-27CP

The following motion was **APPROVED** by a vote of 7-0:

Based on review of the application materials, the staff report and testimony provided during the public hearing, the Planning Commission, sitting as the local planning agency, finds this petition consistent with the Comprehensive Plan, in compliance with the Land Development Code and with the affirmative Findings of Fact in the record, and **RECOMMENDS APPROVAL TO CITY COUNCIL OF COMPREHENSIVE PLAN TEXT AMENDMENT PETITION NO. 25-27CP.**

To continue the processing of the petition, please complete the following:

- Schedule the public hearings before City Council, and provide our office with the legal advertisement when sent to the Gondolier so that we may prepare the notification sign and post on the property 15 days prior, per public notice requirements.
- Amendment 25-27CP requests the State's expedited review process. The ordinance will be transmitted to the State after the first reading and will then come back before the City Council for the second reading.
- Legistar file CC 25-27CP has been created with the following attachments. Please reformat as needed for City Council:
 1. Staff Presentation
 2. Staff Report
 3. Application
 4. Project Narrative
 5. Survey
 6. Analysis of F.S. 163.3177(6)(a)(2)(8) and (9)
 7. Strikethrough Underline Land Use Element
 8. Land Use Element Clean
 9. Strikethrough Underline Laurel Road Neighborhood
 10. Laurel Road Neighborhood Clean
 11. Strikethrough Underline Implementing Zoning District Table
 12. Implementing Zoning District Table Clean

The Planning and Zoning Department may receive additional written correspondence on this petition, which will be forwarded to your office.

Yes N/A

- | | | |
|--------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | City Attorney Reviewed/Approval |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Risk Management Review |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Finance Department Review/Approval |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Funds Availability (account number) |

Attachments: N/A

Cc: Petition No. 25-27CP