



City of Venice  
401 West Venice Ave., Venice, FL 34285  
941-486-2626

DEVELOPMENT SERVICES  
**FEE WAIVER / REDUCTION REQUEST**

18-04RZ  
Airport Rezone

# FEE WAIVER / REDUCTION REQUEST

1) Name of Individual Requesting Waiver/Reduction: Edward Lavallee, City Manager  
Mailing Address: 401 W. Venice Avenue  
Venice, FL 34285  
Phone: 941-486-2626  
E-mail: Elavallee@venicegov.com

2) Name of organization for which waiver is requested: City of Venice c/o Kathleen Weeden, City Engineer  
Mailing Address: 401 W. Venice Ave.  
Venice, FL 34285  
Phone: 941-486-2626  
E-mail: kweeden@venicegov.com

3) Please provide a description of the project/activity/event for which a fee waiver is being requested on a separate sheet of paper. Please include the type of project/activity/event, the number of individuals who will participate or be served, etc.

4) Please indicate if this is a one-time or annual event:  
☒ One time ☐ Annual

5) Type and amount of fee waiver(s) requested. Please list all fees you are requesting to be waived in conjunction with this project/activity/event:

Dept. Assessing Fee	Type of Fee	Amount of Fee
Planning & Zoning	Rezone	\$2,908.00

RECEIVED

Incomplete applications cannot be processed

MAY 22 2018

PLANNING & ZONING

6) If your entity or organization has received a fee waiver(s) for a similar project/activity/event in the past, please list fee waivers below:

Date of Waiver	Dept. Assessing Fee	Type of Fee	Amount of Fee
n/a			

7) Does the organization or entity for which the fee waiver is requested receive funding from any of the following sources? If so, please specify:

☐ Property Tax

☐ Sales Tax

☐ Special Assessment

☐ User Fees

☒ Other, please specify:

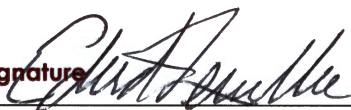
Internal City of Venice Request – Airport Rezone

8) If the organization or entity receives tax funding or has the ability to assess fees, please provide an explanation and supporting documentation regarding the complete inability of the organization or entity to pay the fees which you are requesting be waived. Please attach information/documentation to this form and submit with your request for fee waiver. N/A

9) Will the organization or entity be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver? If so, please provide an explanation and supporting documentation detailing why the fees to be waived cannot be recovered through the entry fee. Please attach information/documentation to this form and submit with your request for a fee waiver.

N/A

Authorized Signature



Title City Manager

Date

5/18/18

**SUBMIT TO:**  
**Planning & Zoning Division**  
**City of Venice**  
**401 W. Venice Avenue**  
**Venice, FL 34285**