



AGENDA
PLANNING COMMISSION
CITY OF PORT ORANGE

Meeting Date: Thursday, November 15, 2018 **Time:** 5:30 PM

Type of Meeting: Regular

Location: Council Chambers
City Hall, 1000 City Center Circle

A. CALL TO ORDER

1. Pledge of Allegiance
2. Silent Invocation
3. Roll Call

B. DISCUSSION/ACTION

4. Consideration of Minutes
5. Case No. 18-40000002
MASTER DEVELOPMENT AGREEMENT AMENDMENT/3RD AMENDMENT TO
THE JOURNEY'S END PLANNED COMMERCIAL DEVELOPMENT MASTER
DEVELOPMENT AGREEMENT
5790 Journey's End Way

A request by the applicant to amend the Master Development Agreement (MDA) for the Journey's End Planned Commercial Development (PCD) to allow for additional tenant panels on the multi-tenant subdivision sign.

Staff Contact: Briana Conlan-King (386) 506-5676/brking@port-orange.org

6. Case No. 18-27500001
COMPREHENSIVE PLAN CAPITAL IMPROVEMENTS ELEMENT/2018 ANNUAL
UPDATE

Update to amend the Comprehensive Plan Capital Improvements Element (CIE) in accordance with Florida Statutes.

Staff Contact: Penelope Cruz (386) 506-5671/pcruz@port-orange.org

7. 2019 PROPOSED PUBLIC HEARING AND DEVELOPMENT REVIEW
CALENDARS

Staff Contact: Penelope Cruz (386) 506-5671/pcruz@port-orange.org

C. OTHER BUSINESS

8. 2018 Concurrency Management Report

9. Commissioner Comments

10. Staff Comments

D. PUBLIC COMMENTS

E. ADJOURNMENT

ANY PERSON WHO DECIDES TO APPEAL ANY DECISION MADE BY THE **PLANNING COMMISSION** WILL NEED A RECORD OF THE PROCEEDINGS, AND FOR SUCH PURPOSE HE OR SHE MAY NEED TO ENSURE AT HIS OR HER OWN EXPENSE FOR THE TAKING AND PREPARATION OF A VERBATIM RECORD OF ALL TESTIMONY AND EVIDENCE OF THE PROCEEDINGS UPON WHICH THE APPEAL IS TO BE BASED. NOTE: IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS AN ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT THE CITY CLERK FOR THE CITY OF PORT ORANGE, 1000 CITY CENTER CIRCLE, PORT ORANGE, FLORIDA 32129, TELEPHONE NUMBER 386-506-5563, CITYCLERK@PORT-ORANGE.ORG, AS FAR IN ADVANCE AS POSSIBLE, BUT PREFERABLY WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE OR 5 DAYS PRIOR TO THE MEETING DATE. IF YOU ARE HEARING OR VOICE IMPAIRED, CONTACT THE RELAY OPERATOR AT 7-1-1 or 1-800-955-8771. UPON REQUEST BY A QUALIFIED INDIVIDUAL WITH A DISABILITY, THIS DOCUMENT WILL BE MADE AVAILABLE IN AN ALTERNATE FORMAT. IF YOU NEED TO REQUEST THIS DOCUMENT IN AN ALTERNATE FORMAT, PLEASE CONTACT THE CITY CLERK WHOSE CONTACT INFORMATION IS PROVIDED ABOVE.