CITY OF TARPON SPRINGS, FLORIDA Conceptual Development Plan Application

Return to: Planning & Zoning Department 324 E. Pine Street Tarpon Springs, FL 34689 (727) 942-5611

(Please type or print clearly)

Property Owner(s)							
Name			Email				
Address			•				
City		State		Zip			
Phone	Fax		Ce	llular			
Applicant							
Name			Email				
Address							
Address							
City		State		Zip			
Phone	Fax		Ce	 Ilular			
Thore	l ax			nulai			
Agent (if applicable)	1		•				
Name			Email				
Address							
		1 =		1			
City		State		Zip			
Phone	Fax	l	Ce	llular			
General Information Project Name							
Flojectivalile							
Property Location or Address							
Legal Description (attach additional sheets as necessary)							
Logar Doodington (attach additional chock	no do nocessary	()					
Tax Parcel Number(s)							
Existing Land Use & Zoning Inf	formation						
Present Designations of P			Proposed Do	esignations for Property			
Land Use Category Zoning D		Land Use C	•	Zoning District			
Land Use Plan Amendment Required?			If yes, Countywide Plan Amendment Required?				
□ YES □ NO □ YES □ NO							
Site Acreage:							
Upland Wetland		Submerged	Submerged TOTAL				
Flood Information: [please check all that apply]							
☐ Zone X ☐ Z	one X Shaded	☐ Zon	e AE	■ Zone VE			
Base Flood Elevation(BFE): [please list all elevations]							

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<u>NOTE:</u> Pursuant to Section 80.00 of the Land Development Code the applicant shall submit 5 copies of a Conceptual Development Plan for administrative review by the Technical Review Committee (TRC). The purpose of this review is to identify major concerns and the need for additional support data. Within 7 working days following the completion of the TRC review, the Planning and Zoning Division shall send a letter to the applicant summarizing the major points of the TRC review. The applicant may then submit for Preliminary Development Plan review.

Proposed Land Use Information:

Residential Pla	anned Development	:			
Total No. of	Units				
Single Famil	ly:				
	Detached		_ Zero Lot Line		_ Attached
-	Cluster		Semi-Detached		
Multi-Family	:				
	Triplex		Townhome		_ Other
	Apartment		Condominium		
Non-Residenti	al Planned Develop	ment			
Total Non-R	esidential Floor Area		-		
	Commercial		Industrial		_ Office
	Institutional		_ Mixed Use		_ Other
_	MUST be furnished original application				not be accepted]
□ \$250.00 app	lication fee plus adve	ertisement costs w	hich will be invoiced	upon calculation l	by Staff
■ Proof of own	nership (warranty dee	d, title certification	ı, etc.)		
■ Completed a	application for Certific	ate of Concurrence	у		
information:	mplete sets of plans	·	·		e following minimum
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- 1. Accurate survey of boundary and existing conditions including but not limited to easements, streets, buildings, land uses, historic sites, zoning, wetlands, watercourses, utilities, general topographic contours, rights-of-way, and existing zoning and land uses for all contiguous properties.
- 2. Title of the project.
- 3. Total site acreage:
 - a. Upland acreage.
 - b. Submerged acreage.
- 4. Date, scale (1" = 60 or larger), north arrow, legend, location map.
- 5. Master plan showing the locations and acreage of general land uses including dwelling unit types, general types of nonresidential uses, open spaces, recreational facilities, and other proposed uses.
- Circulation plan showing locations and types of all access points and major internal streets.
- 7. Gross residential density of each unit type and overall gross residential density.
- 8. Floor area for nonresidential uses by use type and total.
- 9. Proposed development phasing.
- 10. An aerial photograph at a scale of 1" = 200 or larger.

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AFFIDAVIT

I (we), the undersigned, certify ownership of	of the property w	vitnin this application	, that said ownership			
has been fully divulged, whether such own	ership by conting	gent or absolute, and	that the name of all			
parties to an existing contract for sale or an	y options are file	d with this application	۱.			
I (we) certify that	is (are)	duly designated as	the agent(s) for the			
owner, that the agent(s) is (are) authorize						
herein, whether verbal or written, and appea	ar at any public h	earing(s) involving th	is petition.			
I (we) assent to the City's Comprehensive I	Plan as it applies	to the property. Fu	rther, it is understood			
that this application must be complete and a	accurate and the	appropriate fee paid	prior to processing.			
Date: Title Ho	older/Property Own	er:				
Date: Title Ho	Title Holder/Property Owner:					
Date: Title Ho	Title Holder/Property Owner:					
Date: Title Ho	older/Property Own	er:				
STATE OF FLORIDA)						
COUNTY OF PINELLAS)						
The foregoing instrument was acknowledged be	fore me this	day of	, A.D., 20			
byPROPERTY OWNER NAME PRINTED	, who is p	ersonally known to me	or who has produced			
	cation and who did	(did not) take an oath.				
	NOTARY PUBLIC					
	Name: _					
	Signature: _					
	Stamp:					

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