

CITY OF TARPON SPRINGS, FLORIDA
Conditional Use 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 | | Cellular |

Applicant

| | | | |
|---------|-----|-------|----------|
| Name | | Email | |
| Address | | | |
| City | | State | Zip |
| Phone | Fax | | Cellular |

Agent (if applicable)

| | | | |
|---------|-----|-------|----------|
| Name | | Email | |
| Address | | | |
| City | | State | Zip |
| Phone | Fax | | Cellular |

General Information

| | | |
|---|-------------------|-----------------|
| Property Location or Address | | |
| Legal Description (attach additional sheets as necessary) | | |
| Tax Parcel Number(s) | | |
| Current Use of Property | | |
| Conditional Use Requested | | |
| Present City of Tarpon Springs Designations | Land Use Category | Zoning District |

IMPORTANT NOTE: In connection with the approval of any Conditional Use, the Board of Commissioners may make the approval subject to conditions, stipulations and/or safeguards as it deems necessary to ensure compliance with the provisions of the Land Development Code (LDC) and/or Comprehensive Plan. Failure to comply with the approval conditions shall be deemed a violation of the LDC and be enforced as such.

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The following **MUST** be furnished with this application: [incomplete applications will not be accepted]

- Completed original application with digital copies of all application documents**
- \$500.00 application fee plus advertisement costs which will be invoiced upon calculation by Staff
- Survey, signed and sealed by a professional land surveyor
- Legal description of the property
- Proof of ownership (a copy of the deed which conveyed title to the present owner of the property)
- Written description of proposed use
- Site plan, as applicable
- A copy of the completed DBPR Division of Alcoholic Beverages and Tobacco application if requesting a beer, wine and/or liquor license
- A detailed floor plan and preliminary report from State/County oversight agency if requesting an ACLF/ALF
- If applying to establish a Nonconforming Lot pursuant to Section 209.02, LDC the applicant must also submit an architectural elevation and a complete site plan that meets the requirements of Section 210.00, LDC *et seq.*
- Mailing labels for public notices and applicable postage charges. (City staff will prepare the labels and calculate postage charges when a complete application is submitted.)

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AFFIDAVIT

I (we), the undersigned, certify ownership of the property within this application, that said ownership has been fully divulged, whether such ownership by contingent or absolute, and that the name of all parties to an existing contract for sale or any options are filed with this application.

I (we) certify that _____ is (are) duly designated as the agent(s) for the owner, that the agent(s) is (are) authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition.

AGENT

I (we) assent to the City's Comprehensive Plan as it applies to the property. Further, it is understood that this application must be complete and accurate and the appropriate fee paid prior to processing.

| | |
|-------------|------------------------------------|
| Date: _____ | Title Holder/Property Owner: _____ |
| Date: _____ | Title Holder/Property Owner: _____ |
| Date: _____ | Title Holder/Property Owner: _____ |
| Date: _____ | Title Holder/Property Owner: _____ |

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this _____ day of _____, A.D., 20 ____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

PROPERTY OWNER NAME PRINTED

NOTARY PUBLIC

Name: _____

Signature: _____

Stamp: