

CITY OF TARPON SPRINGS, FLORIDA
Discussion Item/Meeting Request 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

Project Name		
Property Location or Address		
Legal Description (attach additional sheets as necessary)		
Tax Parcel Number(s)	Site Acreage	Percentage of City

Land Use & Zoning Information

Present Designations of Property (County)	
Land Use Category	Zoning District

The following should be furnished with this application:

- Completed original application with digital copies of all application documents
- Property survey including legal description
- Written Description of proposal
- Site Plan of proposed project if applicable
- Proof of ownership (warranty deed, title certification, etc.)

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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: