



# DEPARTMENT OF PLANNING & DEVELOPMENT SERVICES

Application for a Conditional Use

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*for office use only:*

CASE NO. \_\_\_\_\_ FILED: \_\_\_\_\_ BY: \_\_\_\_\_

PARCEL ID NO. \_\_\_\_\_ FILING FEE: \$ \_\_\_\_\_ FILING DEADLINE: \_\_\_\_\_

PRE-APP MTG: \_\_\_\_\_ LPA HEARING: \_\_\_\_\_ BCC HEARING: \_\_\_\_\_

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## **Notice to applicant: Please read the following:**

To assist you in completing this application and providing sufficient information upon which to base a decision on your request, please read the following:

1. Read the Application and instructions thoroughly; prior to filing this Application, the applicant and/or authorized representative is encouraged to call (727-464-3401) or visit the Zoning Division (located at 440 Court Street, 3<sup>rd</sup> Floor, downtown Clearwater, FL) to review the application and proposal with staff.
2. All items in the Application must be completed. Additional documents (see item 16 in the application) and a filing fee are required. Checks may be made payable to the Board of County Commissioners. Note that once the application is advertised, filing fees will not be returned. (information on filing fees is online at <http://www.pinellascounty.org/Plan>).
3. The current owner of the property for which the Application is being made must sign the Application. These signatures must be notarized prior to submittal.
4. The applicant is encouraged to file the application well in advance of the filing deadline. Note that Applications received past the deadline will be processed on the next scheduled cycle. Deadlines, hearing schedules, filing fees and other information are available online at <http://www.pinellascounty.org/Plan> or call (727) 464-3401 for more information.
5. The applicant or their authorized representative must be present at the public hearing(s). Failure to appear may result in a denial of the request.
6. It is recommended that the applicant or authorized representative contact the Zoning Division at (727) 464-3401 to schedule a Pre-Application meeting to discuss the proposed zoning and/or land use change or development agreement prior to submitting an application.

All information and documents required in the application, as well as the filing fee must be submitted at the time of application (see attached Fee Schedule). Incomplete applications will not be accepted by the Planning Department for processing. Please contact a Zoning Technician at (727) 464-3401 if you need additional assistance or information in order to complete the application.

**Thank you!**

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1. Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

2. Representative's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

3. Disclosure information (This information must be supplied pursuant to County Ordinance No. 74-15):

A. If the owner is a corporation, partnership, or trust, list all persons (i.e. partners, corporate officers, all members of the trust) who are a party to such as well as anyone who may have a beneficial interest in the property which would be affected by any ruling on their application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify interest held: \_\_\_\_\_

B. Is there an existing contract for sale of subject property: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list names of all parties to the contract including all partners, corporate officers, and members of any trust:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is contract conditional or absolute? \_\_\_\_\_ Conditional \_\_\_\_\_ Absolute

C. Are there any options to purchase on subject property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, list names of all parties to option including all partners, corporate officers and members of any trust:

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4. This Conditional Use is being requested to consider: \_\_\_\_\_

5. Location of subject property (street address): \_\_\_\_\_

6. Legal Description of Property: (attach additional documents if necessary)

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7. Size of Property: \_\_\_\_\_ feet by \_\_\_\_\_ feet \_\_\_\_\_ acres

8. Present zoning classification: \_\_\_\_\_

9. Present Land Use Map designation: \_\_\_\_\_

10. Date subject property acquired: \_\_\_\_\_

11. Existing structures and improvements on subject property: \_\_\_\_\_

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12. Proposed structures and improvements will be: \_\_\_\_\_

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13. I/We believe this application should be granted because (include in your statement the reasons why the request meets or exceeds the General Standards of Section 138-269 1 – 7) (Attach a separate sheet if necessary).

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14. Has any previous application relating to zoning or land use on this property been filed within the last year?

\_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_ In whose name? \_\_\_\_\_

Briefly state the nature and outcome of the hearing:

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15. Does applicant own any property contiguous to subject property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, give complete legal description of contiguous property:

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16. The following data and exhibits must be submitted with this application and they become a permanent part of the public records:

- a) Plat, if it will have particular bearing on the subject application.
- b) Certification of Ownership: submit a certificate of a duly licensed title or abstract company, or a licensed attorney-at-law, showing that each applicant is the present title holder of record. (*Warranty deeds, title insurance documents, tax receipts, etc. are not acceptable as proof of ownership.*)
- c) A detailed plot plan drawn to scale showing the location and dimensions of all existing and proposed structures, setbacks from all property lines, signs, provisions for off-street parking, and a detailed statement of use. Ten (10) copies shall be required if the plan is larger than 11 inches by 17 inches.
- d) Metes and Bounds parcels shall require a survey.
- e) Additional information may be required by Staff, such as, but not limited to, verification of adequate access to the subject area, documentation that the mandatory rules regarding transferable development rights or density/intensity averaging are being adhered to and compliance with Airport zoning regulations, etc.

**CERTIFICATION OF OWNERSHIP**

I hereby certify that I have read and understand the contents of this application, and that this application together with all supplemental data and information is a true representation of the facts concerning this request, that this application is made with my approval, as owners and applicant, as evidenced by my signature appearing below. It is hereby acknowledged that the filing of this application does not constitute automatic approval of the request and further that if the request is approved, I will obtain all necessary permits and comply with all applicable orders, codes, conditions and rules and regulations pertaining to the use of the subject property, while under my ownership. I am aware that attendance by me or my authorized representative at all public hearings relative to this request is required and that failure to attend may result in a denial of the request. It shall be my responsibility to determine time and location of all hearings.

\_\_\_\_\_  
Signature of Owner, Trustee, or  
Officer or Registered Agent of  
Corporation

Date: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF PINELLAS

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

personally appeared \_\_\_\_\_ who, being  
duly sworn, deposes and says that the above is a true and correct certification.

\_\_\_\_\_  
(signature) NOTARY PUBLIC

(seal)

PARCEL NO: \_\_\_\_\_

SEARCH \_\_\_\_\_ FT.

CURRENT ZONING \_\_\_\_\_ & LAND USE \_\_\_\_\_

OCCUPIED BY: \_\_\_\_\_ INTENDED USE: \_\_\_\_\_

REQUEST: \_\_\_\_\_

**GENERAL DESCRIPTION:**

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AKA (street address): \_\_\_\_\_

EVACUATION ZONE: \_\_\_\_\_ ATLAS PAGE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

**SURROUNDING PROPERTY:**

NORTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EAST \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SOUTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

WEST \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CHECKLIST:**

If the request is for a Density Bonus: \_\_\_\_\_ Coastal Storm Area

If the request is for an Assisted Living, Hospital: \_\_\_\_\_ Coastal Storm Area

Is the Development Agreement complete? \_\_\_\_\_