



PERSONAL APPEARANCE (NON-NOTICED) APPLICATION

IMPORTANT INSTRUCTIONS TO ALL APPLICANTS:

You must schedule an appointment to submit this application. To request an appointment please call 813-272-5600. All requirements listed on the submittal checklist must be met. Incomplete applications will not be accepted.

Property Information

Address: _____ City/State/Zip: _____ TWN-RN-SEC: _____

Folio(s): _____ Zoning: _____ Future Land Use: _____ Property Size: _____

Property Owner Information

Name: _____ Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ FAX Number: _____

Applicant Information

Name: _____ Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ FAX Number: _____

Applicant's Representative (if different than above)

Name: _____ Daytime Phone: _____

Address: _____ City / State/Zip: _____

Email: _____ FAX Number: _____

I HEREBY SWEAR OR AFFIRM THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION PACKET IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE REPRESENTATIVE LISTED ABOVE TO ACT ON MY BEHALF FOR THIS APPLICATION.

Signature of Applicant

Type or Print Name

I HEREBY AUTHORIZE THE PROCESSING OF THIS APPLICATION AND RECOGNIZE THAT THE FINAL ACTION ON THIS PETITION SHALL BE BINDING TO THE PROPERTY AS WELL AS TO CURRENT AND ANY FUTURE OWNERS.

Signature of Property Owner

Type or Print Name

Office Use Only

Intake Staff Signature: _____ Intake Date: _____

Case Number: _____ Public Hearing Date: _____

Receipt Number: _____ Type of Application: _____

Development Service, 601 E Kennedy Blvd. 20th Floor

AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

(NAME OF ALL PROPERTY OWNERS), being first duly sworn, depose(s) and say(s):

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property, to wit:
ADDRESS OR GENERAL LOCATIONS: _____ Folio No: _____
2. That this property constitutes the property for which a request for a: _____ (NATURE OF REQUEST) is being applied to the Board of County Commissioners, Hillsborough County.
3. That the undersigned (has/have) appointed _____ as (his/their) agent(s) to execute any permits or other documents necessary to affect such permit.
4. That this affidavit has been executed to induce Hillsborough County, Florida, to consider and act on the above-described property;
5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Signature (Property Owner)

Signature (Property Owner)

<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH The foregoing instrument was acknowledged before</p> <p>me this _____ by _____ Date Property Owner</p> <p>Who: ____ Personally known to me ____ Florida Drivers License ____ Other Type of Identification</p> <p>And Who: ____ did ____ did not take an oath.</p> <p>_____ Signature of Notary taking acknowledgement</p> <p>_____ Type/Print Name of Notary</p> <p>_____ Commission Number Expiration Date</p>	<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH The foregoing instrument was acknowledged before</p> <p>me this _____ by _____ Date Property Owner</p> <p>Who: ____ Personally known to me ____ Florida Drivers License ____ Other Type of Identification</p> <p>And Who: ____ did ____ did not take an oath.</p> <p>_____ Signature of Notary taking acknowledgement</p> <p>_____ Type/Print Name of Notary</p> <p>_____ Commission Number Expiration Date</p>
--	--

NON-NOTICED PRS APPLICATION SUBMITTAL **CHECKLIST**

The checklist below includes items and information that must accompany all Non-Noticed PRS requests. The applicant must fill out the checklist by placing a checkmark in each box indicating the information has been provided and sign below certifying that the application is complete. Failure to submit accurate data may require the application to be continued to a later public hearing date.

Incomplete applications will not be accepted.

- Application Fee - Check made payable to Hillsborough County Board of County Commissioners.
- Completed and signed PRS application (page 1) and Affidavit to Authorize Agent, if applicable.
- Completed Project Narrative
- Recorded Deed for the Subject Property, if applicable. This can be obtained from the Clerk of the Circuit Court Recording Library located at 419 Pierce Street, (813) 276-8100 ext 4367.

Applicant Signature: _____
I certify that I have completed the application and have included all material checked above.

AIRPORT HAZARD EVALUATION

(Effective October 13, 2015)

Properties located within the map areas depicted below may be subject to a separate Airport Height Zoning Permit approval process of the Hillsborough County Aviation Authority (HCAA), pursuant to the HCAA's Airport Zoning Regulations. Additionally, pursuant to an Interlocal Agreement between the HCAA and Hillsborough County, any Land Development Proposal within proximity to Tampa International Airport and Tampa Executive Airport and Educational facilities and landfills located with certain mapped areas will be transmitted to HCAA for review.

For additional information and questions:

Tampa International Airport Information Link: <http://www.tampaairport.com/airport-height-zoning>

Contact: Tony Mantegna / Tampa International Airport

Phone: (813) 870-7863

tmantegna@tampaairport.com

