



ZONING INTERPRETATIONS 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: _____ Receipt PCR# _____ Type of Application: _____

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.

SIGNED (PROPERTY OWNER)

SIGNED (PROPERTY OWNER)

<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH</p> <p>The foregoing instrument was acknowledged before me this (DATE) _____ by _____ who: _____ (Property Owner)</p> <p><input type="checkbox"/> Personally known to me <input type="checkbox"/> Florida driver's license <input type="checkbox"/> Other type of identification: _____</p> <p>and who: <input type="checkbox"/> did <input type="checkbox"/> did not take an oath.</p> <p>_____ (Signature of Notary taking acknowledgment)</p> <p>_____ Type or Print Name of Notary Public</p> <p>_____ Commission Number Expiration Date</p>	<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH</p> <p>The foregoing instrument was acknowledged before me this (DATE) _____ by _____ who: _____ (Property Owner)</p> <p><input type="checkbox"/> Personally known to me <input type="checkbox"/> Florida driver's license <input type="checkbox"/> Other type of identification: _____</p> <p>and who: <input type="checkbox"/> did <input type="checkbox"/> did not take an oath.</p> <p>_____ (Signature of Notary taking acknowledgment)</p> <p>_____ Type or Print Name of Notary Public</p> <p>_____ Commission Number Expiration Date</p>
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INTERPRETATIONS OF LAND DEVELOPMENT CODE OR OFFICIAL ZONING ATLAS

A. General Description

An interpretation of the text of the LDC and the official zoning atlas may be requested by any resident, landowner or any person having a contractual interest in land in unincorporated Hillsborough County.

B. Cross Reference to Land Development Code

Section 11.01.01

C. Submittal Requirements

1. Fee Payment - referenced in Section 2.0 of the Development Review Procedures Manual.
2. Application: referenced in Section 3.0 of the Development Review Procedures Manual.
3. Written Statement - identify the specific issue or provision that requires interpretation and explanation and why the interpretation is needed.
4. Supplemental Information - include any information that may be needed in support of a particular point of view.

Checklist of Submittal Requirements

	Applicant Initials	Intake Initials	Requirements
1.	_____	_____	Fee Payment
2a.	_____	_____	Application (Included in this packet)
2b.	_____	_____	Affidavit to Authorize Agent (If applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize.
2c.	_____	_____	Copy of Recorded Deed(s) can be obtained in the Clerk of the Circuit Court Records Library 419 Pierce St., Room 140, Tampa, FL.
3.	_____	_____	Written Statement
4.	_____	_____	Supplemental Information