

Application for Special Use-1 Alcoholic Beverages

City of Tampa
Land Development Coordination
1400 North Boulevard
Tampa, FL 33607
(813) 274-3100

EXHIBIT A

Date Rec'd: _____ Rec'd By: _____

Application Number: _____

Receipt # /Amount Paid: _____

Other Applications on File: _____

Atlas Page: _____

CHANGE OF USE? (yes/no): _____

PROPERTY OWNER'S INFORMATION

Name(s): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

email address: _____

APPLICANT'S INFORMATION

Name(s): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

email address: _____

CONTACT FOR ALL RELATED CORRESPONDENCE

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

email address: _____

PARCEL INFORMATION

Parcel Address (List all): _____

Folio Number(s) (List all): _____

Property Size (acres/SF): _____ Current Use of Land: _____

Future Land Use: _____ Current Zoning Dist.: _____ Proposed Use of Land: _____

Proposed AB Class: _____

Will you be requesting a sidewalk cafe permit? (yes/no): _____ Please contact Transportation Planning at 813-274-3311 and illustrate the location of the sidewalk cafe area on your site plan.

PRE-APPLICATION AGENCY COUNSELING

*****Staff signature does not guarantee accuracy or completion of application, nor approval by Tampa City Council.*****

Land Dev. Coord. Planner's Name/Initials: _____ LDC Date Counseled: _____

Trans. Division Engineer's Name/Initials: _____ Trans. Date Counseled: _____

Transportation Analysis Required w/Submittal?: _____

APPLICATION CERTIFICATION

LDC/Right-of-Way Section

Legal Description is correct & complete: _____

Approved by (ROW Staff): _____

Date of approval: _____

LDC/Zoning Section

Application/site plan is correct & complete: _____

Approved by (Zoning Staff): _____

Date of approval: _____

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EXHIBIT A-1

Application Number: _____
Other app's on file for property? (list): _____
City Council District _____
Signs Issued? _____
Overlay District _____
Local Historic District _____ Number of Signs _____

Parcel Address (List all): _____

ADDITIONAL INFORMATION

All property owners and applicants must be listed. Use additional sheet if needed.

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP Code: _____	City: _____ State: _____ ZIP Code: _____

TRANSPORTATION MANAGEMENT FORM

Beginning February 1, 1990, the City of Tampa began to implement the concurrency provisions of the State Growth Management Act. This form is to be utilized to monitor traffic volumes generated by development. Please complete the following information. Any application for a development permit will require this form to be completed and submitted to the Land Development Coordination Division.

Current Use(s) of Land: _____	Proposed Special Use: _____
Structure Size or # of Units: _____	Structure Size or # of Units: _____
Current Use(s) of Land: _____	Proposed Special Use: _____
Structure Size or # of Units: _____	Structure Size or # of Units: _____

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION HEREIN IS TRUE & COMPLETE, AND HEREBY AUTHORIZE & ALLOW CITY REPRESENTATIVES TO ACCESS THE SUBJECT PROPERTY. IF THE PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST.

Signature (applicant/agent): _____	Sworn to and subscribed on this date:
(Print): _____	Identification or personally known: _____
Signature (applicant/agent): _____	Notary Signature: _____
(Print): _____	Commission Expiration (Stamp or date): _____

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EXHIBIT B-1

LEGAL DESCRIPTION (use separate sheet if needed)
MUST BE TYPED & DO NOT ABBREVIATE:

Surveyor's
Name: _____

State Certificate #:
State of Florida _____

Date & Seal: _____

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Application Number: _____

"Cut-Out" Legal

EXHIBIT B-2

LEGAL DESCRIPTION (use separate sheet if needed)
MUST BE TYPED & DO NOT ABBREVIATE:

Surveyor's
Name: _____

State Certificate #:
State of Florida _____

Date & Seal: _____

LDC/Right-of-Way Section

Legal Description is correct & complete: _____
Approved by (ROW Staff): _____

Atlas Page: _____
Date of approval: _____

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CERTIFICATE OF COMPLIANCE WITH SPECIAL USE CONDITIONS

EXHIBIT C

Applicant Name(s): _____

"That I am (we are) the applicant(s) or agent(s) for the following described property:"

Parcel Address (List all): _____

"That this property constitutes a request for the sale of alcoholic beverages."

"That I have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby provide the following documentation that this property meets the requirements:"

List Documentation: _____

"That have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby request a waiver or variance to the following conditions for the following reasons "

(Use additional pages if necessary): _____

"That this affidavit has been executed to induce the City of Tampa, Florida to consider and act upon the above described property."

"That I(we), the undersigned authority, hereby certify that the foregoing is true and correct."

Signature (applicant/agent): _____

(Print): _____

Sworn to and subscribed on this date: (Enter date here): _____

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

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Land Development Coordination
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Tampa, FL 33607
(813) 274-3100 (phone)

Application Number: _____

AFFIDAVIT TO AUTHORIZE AGENT

EXHIBIT D

State of Florida
County of Hillsborough
City of Tampa

"That I am (we are) the owner(s) and record title holder(s) of the property noted herein"

Property Owner's Name(s): _____

"That this property constitutes the property for which the following request is made"

Property Address (List all): _____

Proposed Use of Land: _____

Current Zoning District: _____

Proposed AB Class: _____

"That the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his(their) agent (s) to execute any application(s) or other documentation necessary to affect such application(s)"

Agent's Name(s): _____

"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described property"

"That I(we), the undersigned authority, hereby certify that the foregoing is true and correct"

Signature (owner): _____ Sworn to and subscribed on this date: (Enter date here): _____

(Print): _____ Identification or personally known: _____

Signature (owner): _____ Notary Signature: _____

(Print): _____ Commission Expiration (Stamp or date): _____