



**PLANNING AND DEVELOPMENT DEPARTMENT
LAND DEVELOPMENT COORDINATION
CITY OF TAMPA**

**INSTRUCTIONS FOR SPECIAL USE I APPLICATION
ALCOHOLIC BEVERAGE SALES**

NOTE: Please be aware that these guidelines are provided as a guide to assist you in submitting your special use application. These guidelines are derived from Chapter 27 Zoning and City Policy.

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED.****

PLEASE READ INSTRUCTIONS THOROUGHLY

I. PRE-APPLICATION COUNSELING:

Prior to submittal of a special use application, it is required that the applicant schedule counseling sessions with a staff member from the Land Development Coordination Division and the City Transportation Division.

The meetings are to advise the applicant of the proper zoning district to request for the intended use, compliance with the Tampa Comprehensive Plan, and determination of methodology for transportation analyses, if needed. It is the applicant's responsibility to obtain the sign-offs (initials) of each staff member with which he/she counsels (see Exhibit A).

II. MINIMUM REQUIREMENTS FOR APPLICATION: (ALL FORMS MUST BE TYPEWRITTEN OR NEATLY PRINTED, UNLESS OTHERWISE NOTED)

*Application Fee: \$929 bank or business check, or money order payable to the City of Tampa; Mastercard/Visa/AMEX/Discover
PERSONAL CHECKS AND CASH ARE NOT ACCEPTED.*

All exhibits (A, A-1, B-1, B-2, B-3, D, E) must be typewritten or neatly printed unless otherwise noted below.

One copy of the site plan is required.

One copy of the floor plan, drawn to scale, must be submitted. Occupancy calculations are required and shall be shown on the plan consistent with the Life-Safety Code, if the use is a restaurant or bar type use.

Additionally, one copy (8.5" x 14") is required for the AB sketch, showing the area specified in the legal description.

III. SUBMITTAL OF AN APPLICATION: *The application package shall be submitted in person at 1400 North Boulevard or through the City's Accela system at aca.tampagov.net/citizenaccess/default.aspx.*

IV. NOTIFICATION OF REQUEST AND TIME FRAME: All notice must be done in accordance with Section 27-149 of the City of Tampa Code of Ordinances. Please see the summary sheet which is part of the application and which must be signed by the applicant or agent. A copy will be provided to you for assistance in completing the notice requirements correctly.

The determination of the AB-1 application is at least 15 days from the date of the submittal of the affidavit of compliance and the certificate of mail.

V. COMPLIANCE WITH ALL APPLICABLE CITY CODES: *The approval of a special use is only one step in the process. The application does not waive or modify the requirements of other City Codes.*

SPECIAL USE-1 APPLICATION **SITE PLAN REQUIREMENTS**

An application for special use-1 for alcoholic beverage sales requires submittal of a site plan. The Special Use-1 request will be evaluated based on compliance with the Tampa Comprehensive Plan in addition to the appropriateness of the site plan based on the requirements of Chapter 27 and other applicable land development regulations.

If the Zoning Administrator or designee grants the special use-1 request, the Site Plan will be binding upon the owner and his/her successors in title. Development and use of the property shall only occur in strict conformance with the approved site plan. Any proposed changes to the approved site plan are subject to the approval of the Zoning Administrator, through the special use-1 process.

The developer remains responsible for compliance with all applicable City Codes at time of building permitting.

REQUIRED GENERAL INFORMATION

An As-Built survey (depicting building locations, all necessary dimensions, parking areas, driveways, legal description, etc.) generated within 2-years of application date, may be used in-lieu of a site plan for those applications that involve lands and structures that do NOT propose building additions, increased occupant load, or an increase in intensity of use or change of use.

1. North Arrow, legend, scale.
2. Drawing size (minimum allowed): 24" x 36" (alternate sizes may be permitted by the Zoning Administrator).
3. Total acreage of the site.
4. Total alcoholic beverage (AB) sales area.
5. Total floor area ratio and total building square footage, if applicable.
6. Business hours of operation, if applicable.
7. AB classification, as defined in Section 27-43.
8. Use with which the AB sales is associated/incidental.
9. Statement of commitment to comply with all applicable City of Tampa development regulations.

EXISTING CONDITIONS

1. Approximate location, size, and type of existing trees, water bodies, vegetation and other significant natural features.
2. Name, location and width of all existing street and alley rights-of-way, within or adjacent to the site.
3. Existing type and width of pavement on all streets and alley within or adjacent to the site.
4. Location, width and use of all easements within or adjacent to the site.

PROPOSED IMPROVEMENTS

***For those permit requests that involve change of use, building additions, increases in intensity, aggregation of lands, etc., the site plan shall provide the following:*

1. Location, size, height, and use of all proposed buildings.
2. Proposed building setbacks.
3. Total floor area by proposed use and total AB Sales Area listed by "indoor" and "outdoor" and by floor, if sales to be located on multiple floors.
4. Location and purpose of all areas dedicated or reserved to the public or to the inhabitants of the project.
5. Location and dimensions of proposed parking and service areas, including typical parking space dimensions.
6. Proposed circulation pattern, including access to adjacent streets and/or alleys.
7. Proposed parking lot landscaping.
8. Proposed buffering from adjacent residential Zoning Districts.
9. Proposed location and method of Stormwater retention.
10. Proposed location and screening of solid waste containers.
11. Proposed location, size, and total amount of required open space, if applicable.
12. Proposed location of new sidewalks and their dimension.

BUILDING IMPROVEMENTS

1. State Southern Building Code definition for types of construction proposed and existing.
2. Elevations of all side of structures required for new construction; if structures are existing, current photographs may be provided in-lieu of building elevations.

Application for Special Use-1 Alcoholic Beverages

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



Print Form

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

Application Number: _____

Receipt # /Amount Paid: _____

CHANGE OF USE? (yes/no): _____

EXHIBIT A

PROPERTY OWNER'S INFORMATION

Name(s): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

email address: _____

APPLICANT'S INFORMATION

Name(s): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

email address: _____

AGENT/CONTACT

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ email address: _____

PARCEL INFORMATION

Location 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 Special Use: _____

Requested AB Class: _____

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: _____

Application for Special Use-1 Alcoholic Beverages

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

Application Number: _____

Other app's on file for property? (list): _____

EXHIBIT A-1

ADDITIONAL INFORMATION

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

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

Name: _____
Address: _____
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: _____
Structure Size or # of Units: _____

Proposed Special Use: _____
Proposed Structure Size or # of Units: _____

PARTICIPATING ORGANIZATION(S) TO BE NOTIFIED (ATTACHED ADDITIONAL SHEET IF NEEDED)

****Participating Organization Names per <http://www.tampagov.net/ldc>
(Applicant's Responsibility to obtain and provide)****

Contact's Name: _____
Organization Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

Contact's Name: _____
Organization Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____

CERTIFICATION OF COMPLIANCE WITH THE SPECIAL USE CRITERIA

By signing the "AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA" I hereby state the following is true and correct

"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): _____

Application for Special Use-1 Alcoholic Beverages

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



Application Number: _____

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: _____

Application for Special Use-1 Alcoholic Beverages

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



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: _____

Application for Special Use-1 Alcoholic Beverages

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



Application Number: _____

ALCOHOLIC BEVERAGE MEASUREMENT FORM - ONLY FOR PROPERTIES ZONED OP-1

EXHIBIT B-3

Applicant's Name: _____

Parcel Address (List all): _____

Proposed Special Use: _____

Requested AB Class: _____

1. Are any waivers needed for this application? _____ 1a. State the need for the waiver: _____

2. Does the establishment have any outdoor seating? _____ 2a. If yes, how many seats are located outside? _____
_____ 2b. If yes, how many seats are located inside? _____

5. Is the subject site within 250' of a single family residential use, place of religious assembly or an elementary, middle or secondary school?

List in text box below by name, address & distance from subject parcel (Enter Yes or No here)

Surveyor's Name: _____ State Cert. # (State of FL): _____ Date & Seal: _____

Application for Special Use-1 Alcohol Beverage Request

Application Number: _____

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

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 following special use:"

Proposed Special Use: _____

"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): _____

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): _____

AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLCIATION TO THE CITY OF TAMPA

Multiple authorizations may be necessary if there is more than one property owner.

EXHIBIT D

Application Number: _____

Property Address (List all): _____

Folio Numbers (List all): _____

"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 subject of the application for a (please check the appropriate box):

- Rezoning Substantial Change Incremental Review Variance Review Board
- Alcoholic Beverage 1 Alcoholic Beverage 2 Special Use 1 Special Use 2 Other
- Design Exception 1 Design Exception 2 Formal Decision

I, THE UNDERSIGNED APPLICATION/AGENT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVES OF THE CITY TO ACCESS THE PROPERTY UNDERGOING REVIEW FOR THE ABOVE REFERENCED REQUEST. IF MY PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST FROM THE CITY.

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

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

Agent's Name(s): _____

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application

- Yes No

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

Signature (owner): _____

Signature (applicant/agent): _____

(Print): _____

(Print): _____

Sworn to and subscribed on this date: *Date:* _____

Sworn to and subscribed on this date: *Date:* _____

Identification or personally known: _____

Identification or personally known: _____

Notary Signature: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

Commission Expiration (Stamp or date): _____

Application for Special Use-1 Alcoholic Beverages

City of Tampa
Land Development Coordination
1400 North Boulevard
Tampa, FL 33607



Application Number: _____

GOOD NEIGHBOR NOTICE FOR PARTICIPATING ORGANIZATIONS/ NOTICE TO PARTICIPATING NEIGHBORS

SPECIAL USE PUBLIC NOTICE

EXHIBIT E

Date : _____ Current Zoning Dist: _____

Proposed Special Use: _____

Requested AB Class: _____

Parcel Address: _____

Dear Participating Neighbor (Property Owner) or Participating Organization:

Please be advised that the Zoning Administrator has received a request for the above-described SU-1 Alcoholic Beverage application. As a surrounding property owner/participating organization, you may submit any comments, in writing, to the Zoning Administrator at:

***City of Tampa
Land Development Coordination
1400 North Boulevard
Tampa, Florida 33607***

The Zoning Administrator will not render a decision until at least 15 days from the post marked date of this letter.

APPLICANT/AGENT CONTACT INFORMATION

Applicant/Agent Name(s): _____

Applicant/Agent Phone No.: _____

Applicant/Agent email address: _____

**Applicant/agent
(signature):** _____

Print: _____

Application for Special Use-1 Alcoholic Beverages

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



Application Number: _____

AFFIDAVIT OF COMPLIANCE

EXHIBIT F

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 the property for which a special use approval is requested according to Application Number:"

Application Number: _____

"That attached is a copy of the postmarked Certificate of Mailing receipt for notice (s) to participating neighbors within 250 feet of the subject parcel and a copy of the notice mailed out (Exhibit E), which notice(s) were mailed on:"

Date Mailed: _____

"That attached is a copy of the notice mailed (Exhibit E) to participating organizations as defined by the COT regulations, and that a copy of the most recently filed site plan was mailed with said letter, which notice(s) were mailed on:"

Date Mailed: _____

"That the Original List (property owners with addresses & legal descriptions) and Parcel Notice Map, all as generated by the Hillsborough County Property Appraiser, and list of participating organization(s) is attached and made a part of this Affidavit."

Signature (owner/agent): _____

(Print): _____

Signature (owner/agent): _____

(Print): _____

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

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

PUBLIC NOTICE CHECK LIST

APPLICANTS RESPONSIBILITY

AB1-_____

MAILED NOTICE

Participating Neighbors (all property owners within 250-feet of the subject property and dated variance/buffer notice map upon which the list is based, obtained from the Hillsborough County Property Appraiser's office or via its official website/Web-based GIS service).

- **Mailed by "certificate of mailing"** through the United States Post Office (receipt submitted with *the Affidavit of Compliance*)

Participating Organizations (all organizations registered at www.tampagov.net/ldc)

- **Mailed by regular mail** to the address of the authorized representative of the participating organization.

SUBMITTAL OF AFFIDAVIT OF COMPLIANCE (Exhibit C)

- **Submitted to: Land Development Coordination, 1400 N Boulevard, Tampa, Florida 33607 or uploaded in the Accela system.**

- Affidavit attachments, must include:

The certificate of mailing to the property owner and/or participating neighbors;

The ad valorem tax rolls used for providing notice to property owners and/or participating neighbors.

The official list of property owners and dated variance/buffer notice map upon which the list is based, obtained from the Hillsborough County Property Appraiser's office or via its official website/Web-based GIS service, shall be considered the most current tax roll, so long as the list has been produced no more than six (6) months prior to the date of the filing for the pending application;

A copy of the mailed notice letter; and,

The list of participating organizations which were provided good neighbor notice, including the mailing address and authorized representative.

I reviewed and understand the above requirements for public notice.

APPLICANT SIGNATURE

DATE

TYPE OF S-1 REQUESTED.

(Indicate PROPOSED AB SALES and reason for request.)

**LOCATION
MAP:**

PROPOSED IMPROVEMENTS (DRAWING) :

- Home, location, and width of existing street and alley rights-of-way, adjacent to the site.
- Width of existing pavement on all streets and alleys adjacent to the site.
- Location, width and type of all easements adjacent to the site.
- Clearly show the property boundaries of the parcel(s) involved in the special use.
- Location, size, height and use of all proposed additions and/or new buildings.
- Existing and proposed building setbacks
- Location and dimension of existing and proposed driveways, and parking areas include typical parking space.
- Existing and proposed parking lot landscaping.
- Approximate location and size of significant natural features such as trees, lakes, etc.
- Existing and proposed buffering from adjacent uses.
- Show conceptual layout of proposed retention system.

LEGEND:

LEGAL DESCRIPTION:

- Folio Number
- Square Footage

GENERAL NOTES:

TITLE BLOCK:

- Firm's name and address
- The site plan must be to scale. State scale on drawing
- Revision block.
- Drawing data.
- Project name and location.

N

