



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

INSTRUCTIONS FOR ALTERNATIVE DESIGN EXCEPTION 2 APPLICATION

NOTE: Please be aware that these guidelines are provided as a guide to assist you in submitting your Written Determination for an Alternative Design Exception -2 application. These guidelines are derived from Chapter 27 Zoning and City Policy.

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED NOR PROCESSED.****

Please do not submit an application that staff can not review within the confines of the Code.

PLEASE READ INSTRUCTIONS THOROUGHLY

I. PRE-APPLICATION COUNSELING

Prior to submittal of an Alternative Design Exception 2 application, it is *recommended* that the applicant schedule a counseling session with a staff member from the Land Development Coordination Division, either in person or via the phone. This is to clarify the request and eligibility of the request.

II. MINIMUM REQUIREMENTS FOR APPLICATION

(ALL FORMS MUST BE TYPEWRITTEN OR NEATLY PRINTED, UNLESS OTHERWISE NOTED)

Application Fee is \$138.50

Bank or business check, or money order payable to the City of Tampa; MasterCard/Visa/DISCOVER/AMEX

PERSONAL CHECKS and CASH ARE NOT ACCEPTED

Exhibit A/B Please complete all information on these forms.

Exhibit C Affidavit to apply for a zoning code related application and authorized agent for an application to the City of Tampa.
Additional required items for submittal: One site plan, drawn to scale, showing the alternative design exception. Please note that this is a different application process from a building permit and LDC will need a site plan. Site plans submitted as part of a building permit application may not be available in Accela.

III. SUBMITTAL OF AN APPLICATION

The application may be submitted in person to the Land Development office at 1400 North Boulevard or submitted online 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. This includes both notice to all property owners within 250' of the subject property and the participating organizations. Please note that you must provide the dated map from the Hillsborough County Property Appraiser's office or print out the information from their website.

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 for the Design Exception 2 is due no less than 15 business days from the date of the submittal of the affidavit of compliance and the certificate of mail.

VI. ZONING ADMINISTRATOR DETERMINATION

The zoning administrator shall apply the following criteria when reviewing the application. These are the criteria that need to be addressed in Exhibit B of the application.

The standard yard (setback) requirements are spelled out in Section 27-156(c), Table 4-2. The reductions allowed administratively are determined by the Planning District the property is located in, per the adopted City of Tampa Comprehensive Plan. Staff can assist you in determining which Planning District applies to your property.

New Tampa, South Tampa and Westshore are limited to a 10 percent reduction in the front, corner and rear yards and a one foot reduction in the side yards. The maximum increase in the building height is 10 percent.

University and Central Tampa are limited to a 25 percent reduction in the front, rear and corner yards and a one foot reduction in the side yards. The maximum increase in the building height is 10 percent.

Please note that these are not automatic; you must still show compliance with the criteria listed below:

- a. That the exception neither interferes with the rights of others as provided in this chapter, nor is injurious to the public health, safety or general welfare; and
- b. That the exception provides a reasonable allowance of use under the specified circumstances of each application; and
- c. That the exception achieves the general intent of this chapter and the Tampa Comprehensive Plan; and
- d. That the exception is the minimum possible exception under specific circumstances; and
- e. The approval of the exception of standards includes conditions of approval as necessary to ensure that the adjustment granted does not constitute a grant of special privileges inconsistent with the limitations upon other properties in the vicinity and within the same zoning district; and
- f. The exception is consistent with any applicable specific plans in place for the subject property; and
- g. *That a Design Exception-2 request clearly demonstrates that the exception is warranted due to unique circumstances of the property, such as:*
 - i. *Location of existing protected or grand trees;*
 - ii. *Location of existing buildings or structures;*
 - iii. *Existing property elevations (grades); or*
 - iv. *Other unique, existing physical conditions of the property (above or below grade) that are otherwise protected from or limited for alteration, due to other applicable development regulations.*

An approval of an alternative design exception 2 shall be valid for one year, during which the property owner must begin the associated development/construction work. If no development/construction activity occurs on the land related to the approved exception within the one year period, the approval shall expire.

Application for Alternative Design Exception 2

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



Print Form

Application Number: _____

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: _____

AUTHORIZED AGENT/CONTACT FOR ALL RELATED CORRESPONDENCE

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ email address: _____

Parcel Information:

Location Address (List all): _____

Folio Number(s) (List all): _____

Alternative Design Requested:
Be specific in regards to the dimensions requested. _____

Please check the Plat, Survey, Title Policy and all other documentation relating to your property prior to design and construction. The City of Tampa and its staff **DO NOT** review for compliance with individual private deed restrictions and covenants during permit review. The issuance of a building permit by the City of Tampa signifies that the project is in compliance with the zoning codes of the City of Tampa and City of Tampa and Florida building code. The issuance of a building permit **DOES NOT** insure compliance with private deed restrictions or covenants.

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EXHIBIT B

The zoning administrator uses the following criteria when reviewing for an alternative design 2 application:

- a. That the exception neither interferes with the rights of others as provided in this chapter, nor is injurious to the public health, safety or general welfare; and
- b. That the exception provides a reasonable allowance of use under the specified circumstances of each application; and
- c. That the exception achieves the general intent of this chapter and the Tampa Comprehensive Plan; and
- d. That the exception is the minimum possible exception under specific circumstances; and
- e. The approval of the exception of standards includes conditions of approval as necessary to ensure that the adjustment granted does not constitute a grant of special privileges inconsistent with the limitations upon other properties in the vicinity and within the same zoning district; and
- f. The exception is consistent with any applicable specific plans in place for the subject property; and
- g. That a Design Exception-2 request clearly demonstrates that the exception is warranted due to unique circumstances of the property, such as:
 - i. Location of existing protected or grand trees;
 - ii. Location of existing buildings or structures;
 - iii. Existing property elevations (grades); or
 - iv. Other unique, existing physical conditions of the property (above or below grade) that are otherwise protected from or limited for alteration, due to other applicable development regulations.

Please explain your design exception and why it is needed (within the above parameters). Staff can not approve a Alternative Design 2 if it does not meet the above criteria. Be thorough with the justification. Use a separate sheet if needed.

Please attach any supporting documentation such as site plans, surveys, photos and support letters.

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 C

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. IN THE EVENT A PETITION FOR REVIEW IS FILED, I WILL ALLOW THE POSTING OF A NOTICE SIGN ON MY PROPERTY, EVEN IF THE REVIEW IS FILED BY A THIRD PARTY.

"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 represent me (us) and act as my (our) agent(s) at any public hearing on this matter. Yes No *Only applies to rezonings, VRB, special use 2 and AB 2 requests.*

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
Alternative Design Exception 2**



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Tampa, FL 33607

EXHIBIT D

**GOOD NEIGHBOR NOTICE/
NOTICE TO SURROUNDING PROPERTY
OWNERS**

**ALTERNATIVE DESIGN
EXCEPTION 2**

Date : _____ Case Number: DE2- _____

Current Zoning District: _____

Location Address: _____

Alternative Design(s) Requested (Setback reductions include the allowance of the encroachment of the eaves and gutters): _____

Dear Property Owner/Participating Organization:

Please be advised that the Zoning Administrator has received a request for the above-described Alternative Design(s). 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**

Please note that the review period is a minimum of 15 working days from the date of the receipt of the sworn affidavit and associated documents from the notice. Information received after the 15 working day deadline will not be considered as part of the record.

Applicant Name(s): _____

Agent Name(s): _____

Applicant Phone Number: _____

Agent Phone Number: _____

Applicant email address: _____

Agent email address: _____

Signature (applicant/agent): _____

(Print): _____

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Alternative Design Exception 2**

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Land Development Coordination
1400 North Boulevard
Tampa, FL 33607



EXHIBIT E

**AFFIDAVIT ATTESTING TO
NOTIFICATION**

Applicant's Name(s): _____

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

Location Address (List all): _____

"That this property constitutes the property for which an Alternative Design Exception 2 approval is requested according to Application Number:"

Application Number: DE2- _____

"That attached is a copy of the postmarked Certificate of Mailing receipt for notice(s) to property owners within 250 feet of the subject parcel and a copy of the notification letter (Exhibit D), which notices were mailed on:"

Date Mailed: _____

"That the participating organizations as defined by the COT regulations and a copy of the notification letter (Exhibit D), which notice(s) were mailed a copy of this letter via regular mail."

"That a list of the property owners (with addresses and legal descriptions (folio numbers), according to the most current ad valorem tax record) and affected registered neighborhood associations(s) is attached and made a part of this Affidavit."

Signature (applicant/agent): _____

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

(Print): _____

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

PUBLIC NOTICE CHECKLIST

APPLICANTS RESPONSIBILITY

Case DE2-_____

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). Please see the instructions on how to utilize the website at www.tampagov.net/LDC.

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. The participating organization must receive a copy of the proposed site plan and/or elevation.

WITHIN 15 DAYS OF THE MAILED NOTICE

_____ SUBMITTAL OF AFFIDAVIT OF COMPLIANCE

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

Affidavit attachments, must include:

The certificate of mailing to the property owner participating organization;

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

This must be submitted to staff at the time of the submittal of the application. A copy will be provided to you to assist you in the processing of the notice.