



PLANNING AND DEVELOPMENT
LAND DEVELOPMENT COORDINATION
CITY OF TAMPA

INSTRUCTIONS FOR SUBMITTING AN INCREMENTAL REVIEW APPLICATION

I. PREAPPLICATION COUNSELING

Prior to submittal of an application, it is recommended that the petitioner schedule a conference with a staff member from Land Development Coordination Division of the Planning and Development Department(phone: 813-274-3100). The purpose of the conference is to advise the applicant regarding the review standards and process for the application.

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

Application Fee: \$1669 plus \$83 per acre or portion thereof
(business check, money order, or cashiers check, or MasterCard/Visa/AMEX (accepted in person)
PERSONAL CHECKS and CASH ARE NOT ACCEPTED

Exhibit A and A -1 – Please complete all information on these forms. A notary is available in the LDC office.

Exhibit B – “Affidavit to Authorize Agent”; please complete if the applicant or property owner is appointing an authorized agent to represent their interests with City staff and before City Council. The property owner(s) sign this form and have it notarized. A notary is available in the Land Development Office.

Site Plans - 3 copies of the adopted site plan and 20 copies of the proposed site plan.

III. STAFF REVIEW

Staff will distribute the site plans to the Development Review Committee for their review and comment. At the completion of the review period (typically 14 business days), the applicant will be provided a package of comments requesting modifications to the site plan and/or additional information in order for staff to complete the review and issue an approval. If necessary, this process will repeat with each submittal until the plan can be approved. Upon receipt of the package of comments, the applicant will be required to submit revised plans for a second review of the site plan. Three submittals (including the initial submittal) may be processed with no additional fee. Upon the fourth submittal (and all subsequent submittals), an additional fee of 25 percent of the original fee will be required.

Application for Incremental Review

Land Development Coordination
1400 North Boulevard
Tampa, FL 33602
(813) 274-3100
(813) 259-1712



Print Form

Date Received: _____
Received By (print): _____
Case Number: _____
Receipt # /Amount Paid: _____
Atlas Page: _____

EXHIBIT A

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: _____

Parcel Information:

Parcel Address (List all): _____

Folio Number(s) (List all): _____

File Number: _____

Ordinance Number: _____

Narrative Explaining the Incremental Review: _____

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Other applications on file for this parcel? (list here): _____

EXHIBIT A-1

Authorized Agent's Information (also complete Exhibit B):

Agent's Name: _____ Phone Number: _____
Address: _____ email address: _____
City: _____ State: _____ ZIP Code: _____

Note: 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.

I, THE UNDERSIGNED APPLICANT/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 INCREMENTAL REVIEW REQUEST. IF MY PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST FROM THE CITY.

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

Application Certification by Land Development Coordination Division:

Zoning Section

Applicant/site plan is correct & complete: _____
Approved by (Zoning Staff): _____
Date of approval: _____

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(813) 274-3100



EXHIBIT B

AFFIDAVIT TO AUTHORIZE AGENT

State of Florida
County of Hillsborough
City of Tampa

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

Property Owner's Name(s): _____

"This property constitutes the property for which the following request is made

Property Address (List all): _____

Variance: _____

"The undersigned has(have) appointed and does(do) appoint the following agent(s) to execute any application (s) or other documentation necessary to effectuate such application(s)

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

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application Yes No

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

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

Signature (owner): _____

(Print): _____

Signature (owner): _____

(Print): _____

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

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____