



CITY OF TAMPA, FLORIDA
PLANNING AND DEVELOPMENT
LAND DEVELOPMENT COORDINATION

SPECIAL USE I (S1) APPLICATION

NOTE: Please be aware that these guidelines are intended only as a guide to assist you in submitting your Special Use (1) application. These guidelines are derived from Chapter 27 of the City Code.

I. **PRE-APPLICATION CONFERENCE** Prior to submittal of a Special Use (1) application, it is strongly recommended that the applicant schedule a complimentary conference with a staff member from the Land Development Coordination Division. The purpose of the conference is to advise the applicant regarding the review standards and process for the application.

II. **MINIMUM REQUIREMENTS FOR APPLICATION:**

A. **COMPLETE ORIGINAL APPLICATION FORM.** (Exhibits A, A-1)

B. **LEGAL DESCRIPTION** (Exhibit B)

Must be typewritten. (Please use your deed or survey to find your legal description)

C. **APPLICATION FEES:** Residential Development, Less than 19 units: \$611
Residential Development, 19 units or greater and non-residential uses: \$929
Adult Use: \$834.50
Home Occupation or Extended Family Residence: \$194
Payment may be made by business check, bank check, MasterCard/Visa/AMEX (cash and personal checks are not accepted)

D. **CERTIFICATION OF COMPLIANCE WITH SPECIAL USE CONDITIONS** (Exhibit C)

E. **AFFIDAVIT TO AUTHORIZE AGENT** (Exhibit D)

1. **In Compliance**

a. **Adult Use -** Adult use special use permit applications shall be submitted and processed under the procedures specified for S-1 special use permits relating to constitutionally protected first amendment activity. The specific standards set forth in Section 27-132 shall be the only standards considered or applied in connection with the review or determination of an application for an S-1 special use permit relating to constitutionally protect first amendment activity.

b. **All other Special Uses -** The applicant shall submit the Certification of Compliance with Special Use Conditions to demonstrate that all of the conditions required for the Special Use have been met. The Zoning Administrator may require additional information to insure compliance with the conditions. The additional information may include, but shall not be limited to, a site plan, photographs and/or an approval from other reviewing agencies. For home occupations include Statement of Home Occupation.

2. **Not In Compliance** (applicable when the Section 27-132 specific criteria for the special use does not specifically prohibit a waiver request.) The petitioner must request a waiver or modification for any condition which is not met. Such a request will require a public hearing before City Council. A waiver or modification may be approved by City Council after a recommendation from City Staff. The applicant shall clearly demonstrate the justification for modifying the condition and shall propose, to the maximum extent possible, an alternative, which provides a safeguard similar to the original condition.

F. SITE PLAN REQUIREMENTS

- a. **Adult Use** - Survey showing the showing the distance separation requirements being met per Section 27-132.
- b. **Home occupations** - site plan/survey and floor plan (floor plan must show which room the home occupation will occur) Only one is required for this request.
- c. **All other special uses** - One copy is required at the time of submittal of a site plan as required in Appendix A of these instructions.

III. SUBMITTAL OF AN APPLICATION:

The application and all information required in item II above shall 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. 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. REVIEW AND DECISION BY ZONING ADMINISTRATOR

A. REVIEW

The Land Development Coordination Division will certify the application when it has been determined that all information on the application, including the legal description, is correct and complete. The Zoning Administrator will evaluate the proposed Special Use for compliance with the applicable requirements of the Code.

B. APPROVAL

If the applicant meets all of the applicable requirements of the Code, the Zoning Administrator will approve the Special Use and notify the applicant in writing. The applicant may then apply for appropriate building permits and licenses.

C. DENIAL

If the applicant does not meet all of the applicable requirements of the Code, the Zoning Administrator will deny the Special Use and notify the applicant in writing.

1. The applicant for a S(1) special use permit that does **not** relate to constitutionally protected first amendment activity may appeal this decision to the City Council in accordance the with the procedures set forth below.
2. Appeal of zoning administrator's determination of permit for S-1 special use relating to constitutionally protected first amendment activity. A party with standing to appeal the final determination of the zoning administrator with respect to a S-1 special use permit application relating to constitutionally protected first amendment activity shall be entitled, as a matter of right, to seek immediate review of such final determination by filing an appropriate pleading with the Circuit Court.

APPENDIX A

CITY OF TAMPA, FLORIDA
LAND DEVELOPMENT COORDINATION

SPECIAL USE 1 - EXHIBIT

SITE PLAN REQUIREMENTS

One copy of a site plan is required for a Special Use I request which does not involve a constitutionally protected first amendment activity. The site plan shall be drawn to an engineer's scale and shall include a North Point and Legend.

The following specific information shall be provided for each development:

OFF SITE CONDITIONS:

1. Name, location, and width of existing street and alley rights-of-way, adjacent to the site.
2. Width of existing pavement on all streets and alleys adjacent to the site.
3. Location, width and type of all easements adjacent to the site.

ON SITE CONDITIONS:

1. Location, size, height and use of all existing principal and accessory buildings.
2. Location, size, height and use of all proposed additions and/or new buildings
3. Existing and proposed building setbacks.
4. Total residential density or for commercial and individual developments, Floor Area Ratio for each individual building and a total for all buildings.
5. Location and dimension of existing and proposed driveways and parking areas; include typical parking space dimensions.
6. Existing and proposed parking lot landscaping.
7. The location and size of significant natural features such as trees, lakes, etc.
8. Existing and proposed buffering from adjacent uses.

GENERAL INFORMATION:

1. Name block showing petitioner, property owner, engineer and consultant (if different).
2. Legend, scale and north arrow.
3. Vicinity Map.

SEALED SURVEY REQUIREMENTS (4 Copies):

1. A sealed survey prepared by a registered surveyor showing the required distance separation requirements as stated in Section 27-132 for the specific special use.

Application for Special Use-1 General Request

Print Form

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

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

Application Number: _____

Receipt # /Amount Paid: _____

Other Applications on File: _____

Atlas Page: _____

CHANGE OF USE? (Y/N) _____

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: _____

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 or SF): _____ Future Land Use: _____ Current Zoning Dist: _____
Current Use of Land: _____ Proposed Special Use: _____

PRE-APPLICATION AGENCY COUNSELING

****Staff signature does not guarantee accuracy or completion of application, nor approval by Zoning Administrator.****

Land Dev. Coord. Planner's Name/Initials: _____ LDC Date Counseled: _____
Trans. Div. 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 General Request

City of Tampa
Land Development Coordination
1400 North Boulevard
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: _____ | 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: _____ |

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

Application Number: _____

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

EXHIBIT B

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

Application for Special Use-1 General 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 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

"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): _____



DOCUMENTATION OF COMPLIANCE FOR
EXTENDED FAMILY RESIDENCE

Name of all Property Owners: _____

Address of general location of subject property identified in Exhibit B: _____

1. State the proposed floor area of the extended family residence: _____
2. Is the structure housing the extended family member (s) a conforming structure? _____
3. What is the relationship of the extended family member (s) to the property owner? _____
(attach documentation proving relationship)
4. Explain the temporary need for having an extended family residence: _____
5. No rent will be charged to the extended family members.
6. The property owner understands that City staff will conduct annual inspections of the property to insure that the conditions of approved are maintained.
7. Attach evidence which verifies that main residence is owner occupied. Identifying document attached: _____

8. The property owner understands that if the approved occupant of the extended family residence ceases to reside in the dwelling, The Special Use approval shall lapse. No other persons, other than those approved by City Council may reside in the extended family unit.
9. Requested waivers: _____

I hereby certify that the information on this application is true and complete:

PROPERTY OWNER

Sworn to & subscribed before me this day

Notary Public

My Commission Expires:

Application for Special Use-1 General Request

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



Application Number: _____

GOOD NEIGHBOR NOTICE FOR PARTICIPATING ORGANIZATIONS/ NOTICE TO PARTICIPATING NEIGHBORS

SPECIAL USE PUBLIC NOTICE

EXHIBIT F

Date : _____

Current Zoning District: _____

Parcel Address(es): _____

Proposed Special Use: _____

Dear Participating Neighbor (Property Owner) or Participating Organization:

Please be advised that the Zoning Administrator has received a request for the above-described special use application. As a surrounding property owner/neighborhood association, 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 Number: _____

Applicant/Agent email address: _____

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

Print: _____

Application for Special Use-1 General Request

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



Application Number: _____

AFFIDAVIT OF COMPLIANCE

EXHIBIT G

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, which notice(s) were mailed on:"

Date Mailed: _____

"That attached is a copy of the notice mailed (Exhibit D) 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 Hills. Co. 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

SU1- _____

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 F)

- 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 (E); 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

APPENDIX A

CITY OF TAMPA, FLORIDA
LAND DEVELOPMENT COORDINATION

SPECIAL USE 1 - EXHIBIT

SITE PLAN REQUIREMENTS

Four (4) folded copies of a site plan are required for a Special Use I request which does not involve a constitutionally protected first amendment activity. The site plan shall be drawn to an engineer's scale and shall include a North Point and Legend.

The following specific information shall be provided for each development:

OFF SITE CONDITIONS:

1. Name, location, and width of existing street and alley rights-of-way, adjacent to the site.
2. Location, width and type of all easements adjacent to the site.
3. Location of all trees and water bodies within 20' of the property lines.

ON SITE CONDITIONS:

1. Location, size, height and use of all existing principal and accessory buildings.
2. Location, size, height and use of all proposed additions and/or new buildings
3. Existing and proposed building setbacks.
4. Total residential density OR for commercial and individual developments, Floor Area Ratio for each individual building and a total for all buildings.
5. Location and dimension of existing and proposed driveways and parking areas; include typical parking space dimensions.
6. Existing and proposed parking lot landscaping.
7. The location and size of significant natural features such as trees, lakes, etc.
8. Existing and proposed buffering from adjacent uses.

GENERAL INFORMATION:

1. Name block showing petitioner, property owner, engineer and consultant (if different).
2. Legend, scale and north arrow.
3. Vicinity Map.

SEALED SURVEY REQUIREMENTS (4 Copies):

1. A sealed survey prepared by a registered surveyor showing the required distance separation requirements as stated in Section 27-132 for the specific special use. Please check with staff for the requirements.