



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

**INSTRUCTIONS FOR SUBMITTING AND PROCESSING AN APPLICATION FOR
SUBSTANTIAL CHANGE DETERMINATION**

PREAPPLICATION COUNSELING

Prior to submittal of an application, it is *strongly* recommended that the applicant schedule a conference with a staff member from Land Development Coordination Division of the Department of Planning and Development (phone: 813-274-3100). The purpose of the conference is to advise the applicant regarding the review standards and process for the application. The office is located at 1400 North Boulevard. Office hours are from 8:00 AM to 4:30 PM, Monday through Friday.

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

Application Fee - \$555.50

Business or cashier's check, or money order made payable to the City of Tampa, MasterCard/Visa/Amex are accepted in person.- Personal checks and cash are not accepted.

Exhibit A and A -1 – Please complete all information on these forms. Please sign in the presence of a notary

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 LDC office.

Site Plans - 12 copies of the adopted site plan and 12 copies of the proposed site plan.

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 attached summary sheet which must be signed by the applicant or agent. A copy will be provided to you for assistance in completing the notice requirements correctly.

STAFF REVIEW

LDC staff will distribute the site plans to the Development Review Staff for their review. If the request is determined to be a "**non-substantial**" change, you will receive an approval letter, with any applicable conditions of development. If the request is a **substantial** change, you will receive a denial letter with reasons for denial/finding of substantial change(s) stated and with instructions on how to apply for a rezoning or special use permit for the property.

Application for Substantial Change Determination

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



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: _____

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: _____
Original Case Number: _____
Ordinance Number: _____

Please explain why the requested change(s) is/are not considered "substantial change(s)":

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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: _____

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 SUBSTANTIAL CHANGE DETERMINATION. 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

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

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EXHIBIT B

AFFIDAVIT TO AUTHORIZE AGENT

"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): _____

"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): _____

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**GOOD NEIGHBOR NOTICE FOR
PARTICIPATING ORGANIZATIONS/
NOTICE TO PARTICIPATING NEIGHBORS**

SUBSTANTIAL CHANGE REVIEW PUBLIC NOTICE

EXHIBIT C

Date : _____ Current Zoning Dist: _____

Application Number: _____

Original Application Number: _____

Substantial Change Request: _____

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 substantial change 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 No.: _____

Applicant/Agent email address: _____

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

Print: _____

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Application Number: _____

AFFIDAVIT OF COMPLIANCE

EXHIBIT D

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 substantial change review 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 D), 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 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): _____