

**CITY OF TARPON SPRINGS, FLORIDA**  
**Conventional Rezoning and/or Comprehensive Plan**  
**Amendment Application**

Return to:  
 Planning & Zoning Division  
 324 E. Pine Street  
 Tarpon Springs, FL 34689  
 (727) 942-5611

*(Please type or print clearly)*

**Property Owner(s)**

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

**Applicant**

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

**Agent (if applicable)**

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

**General Information**

Project Name
Property Location or Address
Legal Description (attach additional sheets as necessary)
Tax Parcel Number(s)

**Existing Land Use & Zoning Information**

Present Designations of Property		Proposed Designations for Property	
Land Use Category	Zoning District	Land Use Category	Zoning District
Land Use Plan Amendment Required? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, Countywide Plan Amendment Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is property defined as a Coastal High Hazard Zone? [s. 163.3178(2) (h), F.S.] <input type="checkbox"/> YES <input type="checkbox"/> NO			

**Site Acreage:**

Upland \_\_\_\_\_ Wetland \_\_\_\_\_ Submerged \_\_\_\_\_ **Total** \_\_\_\_\_

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**Flood Information:** [please check all that apply]

- Zone X                       Zone X Shaded                       Zone AE                       Zone VE

**Base Flood Elevation (BFE):** [please list all elevations] \_\_\_\_\_

**Proposed Land Use Information**

**Residential Development:**

Total No. of Units \_\_\_\_\_

Single Family:

\_\_\_\_\_ Detached                      \_\_\_\_\_ Zero Lot Line                      \_\_\_\_\_ Attached

\_\_\_\_\_ Cluster                      \_\_\_\_\_ Semi-Detached

Multi-Family:

\_\_\_\_\_ Triplex                      \_\_\_\_\_ Townhome                      \_\_\_\_\_ Other

\_\_\_\_\_ Apartment                      \_\_\_\_\_ Condominium

**Non-Residential Development:**

Total Non-Residential Floor Area \_\_\_\_\_

\_\_\_\_\_ Commercial                      \_\_\_\_\_ Industrial                      \_\_\_\_\_ Office

\_\_\_\_\_ Institutional                      \_\_\_\_\_ Mixed Use                      \_\_\_\_\_ Other

**The following MUST be furnished with this application: [incomplete applications will not be accepted]**

- Completed application form
- Property survey, signed and sealed by a professional land surveyor
- Appropriate fees: [check only one]
  - \$750.00 for Rezoning only
  - \$750.00 for Land Use Change only plus TBRPC fee, if applicable
  - \$1,250.00 for both a Rezoning and Land Use Change together plus TBRPC fee, if applicable
- \$500.00 advertising cost for each required ad
- Proof of ownership (warranty deed, title certification, etc.)
- Hurricane Shelter Space Impact Study, if required by Section 112.13, LDC
- Traffic Impact Study, if required by Section 112.12, LDC
- Mailing labels for public notices and applicable postage charges (City staff will prepare the labels and calculate postage charges when a complete application is submitted.)

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**AFFIDAVIT**

I (we), the undersigned, certify ownership of the property within this application, that said ownership has been fully divulged, whether such ownership by contingent or absolute, and that the name of all parties to an existing contract for sale or any options are filed with this application.

I (we) certify that \_\_\_\_\_ is (are) duly designated as the agent(s) for the owner, that the agent(s) is (are) authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition.

I (we) assent to the City's Comprehensive Plan as it applies to the property. Further, it is understood that this application must be complete and accurate and the appropriate fee paid prior to processing.

Date: _____	Title Holder: _____
Date: _____	Title Holder: _____
Date: _____	Title Holder: _____
Date: _____	Title Holder: _____

**STATE OF FLORIDA            )**  
**COUNTY OF PINELLAS        )**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

NOTARY PUBLIC  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Stamp: