



Planning, Zoning & Building Department (941) 316-1966
501 Bay Isles Road
Longboat Key, Florida 34228
Fax Number: (941) 373-7938
Web: <http://www.longboatkey.org>

APPLICATION FOR SITE PLAN REVIEW

Date: _____ New _____ Revised _____

Name of Development: _____

	Applicant	Engineer/Surveyor	Architect
Name			
Address			
City, State Zip			
Phone			
Fax			
Mobile			

Owner: _____ Agent: _____

Site Address: _____

Zoning District: _____ Sq. Ft. of Site: _____ % Lot Coverage: _____

Total Units: _____ Proposed Density: _____

% Non-Open Space: _____ Max. Density Allowed: _____

Proposed Development for Existing and New Buildings						
(Circle One)	Building	Building Use	Sq. Ft.	Height	# Floors	1 st Floor Elv.
Existing/New	Building A					
Existing/New	Building B					
Existing/New	Building C					
Existing/New	Building D					
Existing/New	Building E					

Parking Spaces Required: _____ Parking Spaces Indicated: _____

Please check all that apply:

- _____ Attached hereto are the necessary approvals of the federal, state, county and regional agencies.
- _____ Public Hearing Required. If hearing required, comment: _____
- _____ Proposed site plan complies with the Comprehensive Plan and Zoning Code.
- _____ Proposed site plan complies with the Subdivision Ordinance and Town Code.

Amount of Performance Bond Required: _____

Amount of Maintenance Bond Required: _____

Date of Pre-application Meeting: _____

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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing the subject type of development will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction.

Applicant's Signature: _____

Date: _____

(if applicant is not the property owner, a property owner affidavit will be required)

At the conclusion of your plan review by the Town, you will be billed for additional staff time, Town Attorney cost, cost of advertising, and any other miscellaneous costs incurred with the processing of your application(s).

FOR STAFF USE ONLY

Application Fee: \$ 3000.00 deposit* _____ Receipt # _____
(Application fee will be deducted from deposit)

Application and Plans Accepted By: _____ Date: _____

File Code/Number: _____

**Deposit required at time of formal submission*

At the conclusion of your plan review by the Town, you will be billed for additional staff time, Town Attorney cost, cost of advertising, and any other miscellaneous costs incurred with the processing of your application(s). Costs will be deducted from initial deposit. If costs exceed the initial deposit, you will be billed for the remaining costs incurred; or you will be refunded the unused portion of the deposit.