



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>

PETITION FOR SPECIAL EXCEPTION

THE APPLICANT IS REQUIRED TO SUBMIT TWENTY-FIVE (25) COLLATED SETS (ONE BEING AN ORIGINAL) OF THIS APPLICATION, SUPPORTING PLANS AND DOCUMENTS

(I) (We) _____ of
Name

(Mailing address)

request a Special Exception pursuant to the Ordinances of the Town of Longboat Key.

This petition concerns Section(s) _____, Paragraph(s) _____ of the Town of Longboat Key Zoning Ordinance for the reason that it is a request for a special exception, as provided in the section of the Ordinance above referred to.

PROPERTY DESCRIPTION

Property is located at _____.

The legal description (if applicable) is as follows: _____, Lot(s)

_____ Block _____ Subdivision or Plat

or _____
(if otherwise legally described)

Lot Size _____ Present Zoning Classification _____

Present Use _____

Present structures (type) and improvements upon the land _____

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The proposed use will be _____

If this petition is granted, the effect will be to _____

(brief description, i.e. to reduce side yard from 7.5 ft. to 2 ft.)

Has any previous application or appeal been filed within the last year in connection with these premises? yes no If so, briefly state the nature of the application or appeal:

What is the Applicant's interest in the premises affect? _____

(Owner, agent, lessee, etc.)

LISTS AND LABELS OF ALL PROPERTY OWNERS WITHIN 500 FT. OF SUBJECT PROPERTY THAT ARE TO BE NOTIFIED WILL BE PROVIDED BY THE TOWN.

FOR STAFF USE ONLY

Application Fee: \$ 1000.00 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.

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(I) (We) understand that this Petition becomes a part of the permanent records of the Town of Longboat Key. (I) (We) certify that the above statements and the statements or showing made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief.

Signature of Owner

The Owner has hereby designated the above signed person to act as his agent in regard to this Petition. (To be executed when Owner designates another to act on his behalf)

Print or type Owner Name

Mailing address you wish information sent to and telephone number:

Print or type Agent Name

Phone # _____

Fax # _____

Notarization of Agent's Signature:

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__

by _____

as _____ for _____
(type of authority) (name of party acting on behalf of)

Notary Public

Name of Notary (print, typed or stamped)

Personally know ___ OR produced identification _____

Type of Identification _____