



Planning, Zoning & Building Department
501 Bay Isles Road
Longboat Key, Florida 34228
Fax Number: (941) 316-1970
Web: <http://www.longboatkey.org>

(941) 316-1966

ZONING EXCEPTION

In accordance with Town Ordinance 04-12, at-grade driveways, walkways, decks and patios, which do not require a building permit, shall meet zoning criteria and shall be reviewed and approved by the Zoning Department for compliance, prior to the start of work. Fences and walls shall also received the same review and approval, prior to installation. Issuance of the Zoning Exception does not waive any other required local, state or federal permits/approvals.

JOB SITE

Street Address: _____ Unit #: _____

Condominium/Complex Name: _____

Zoning Classification: _____ Site Plan Amendment/Exemption #*: _____

* If the proposed work is on a site approved by site plan approval, a photocopy of the corresponding Site Plan Order or Site Plan Exemption number is required.

PROPERTY OWNER

Name (as on property record)*: _____

Phone: _____ Fax: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

* If the proposed work is being done for a condominium or other property owner association, photocopies of the approval documents (i.e., board minutes, etc.) authorizing the work to be completed, is required.

APPLICANT (if not property owner)

Check One: Tenant Contractor Other _____
 Engineer/Surveyor Design Professional

Name: _____

Company/Firm: _____

Phone: _____ Fax: _____ Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SCOPE OF WORK

Check One: New Repair/Maintain Alteration

Check (all applicable): Deck Driveway*/Walkway Patio Fence/Wall

*Driveways on Gulf of Mexico Drive shall require a photocopy of the FDOT permit.

PROPOSED SURFACE MATERIAL

Check (all applicable): Natural Concrete Asphalt
 Shell/Limestone Gravel Pavers
 Other _____

SITE CALCULATIONS*

Lot Area (sq. ft.): _____

Existing Non-Open Space (sq. ft.): _____

Proposed Additional Coverage (sq. ft.): _____

Proposed Non-Open Space (sq. ft.): _____

*If the work proposed is "new" or "alterations", a to-scale site plan/survey with revised itemized/detailed Lot Coverage and Non-Open Space calculations shall be required, accompanied by the attached *Coverage Affidavit*, to be signed by both the individual preparing the calculations, as well as the property owner. Please utilize the *New Construction & Additions Worksheet* as a guide for computing the coverages. The Town may require that site plan/survey shall be signed and sealed by a design professional or licensed surveyor, verifying the calculations are correct, if the proposed Non-Open space coverage is close to approximate maximum and/or cannot be verified by staff.

If the work is "repair/maintain", a to-scale site plan/survey indicating the existing locations and dimensions of all improvement shall be required. Three (3) to-scale copies of the site plan/survey shall be submitted with the Zoning Exception application.

FENCE DETAIL REQUIREMENTS

Three (3) copies of a to-scale site plan/survey clearly indicating the exact location of the proposed fence are required, including setbacks from respective property lines. Details including the proposed fence design and overall height of the proposed fence shall also be submitted. Please note, fences shall comply with Section 158.152 of the Town Zoning Code.

SIGNATURE OF PROPERTY OWNER(S)/AGENT

(I) (WE) understand that this document becomes a part of the permanent records of the Town of Longboat Key. (I) (WE) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herein 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 the agent in regard to this document. (To be executed when the Owner designates another to act on his behalf.)

Printed/Typed Name of Owner

Printed/Typed Name of Agent

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)

Signature of Notary Public

Printed/Stamped Name of Notary Public

Personally know ____ OR produced identification ____ . Type of identification: _____

OFFICE USE ONLY

Date of Initial Review: _____

Date of Approval: _____

Approving Staff Member (int.): _____

Zoning Exception #: _____