



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

(941) 316-1966

APPLICATION FOR ZONING CODE AMENDMENT

Date Filed: _____

Receipt #: _____
(\$3,000 deposit from which a \$900.00 filing fee and applicable charges will be billed)

THE APPLICANT IS REQUIRED TO SUBMIT TWENTY-FIVE (25) (ORIGINAL PLUS TWENTY-FOUR (24) COPIES) INDIVIDUAL, COLLATED SETS OF THIS APPLICATION, SUPPORTING PLANS AND DOCUMENTS.

(I) (We) _____ of _____
(name) (mailing address)
_____ request a zoning code amendment.

PLEASE PROVIDE THE FOLLOWING FOR EACH SECTION OF THE ZONING CODE FOR WHICH AN AMENDMENT IS REQUESTED:

1. Specify the exact section of the Town Zoning Code requested for amendment.
2. State the proposed amendment language. If appropriate, a proposed amendment involving text change should include the impacted code section in legislative format (proposed additions underlined and proposed deletions ~~struck through~~).
3. State the reason why the subject section of the code should be amended. Include not only what benefit the proposed code amendment would have to the applicant (specific project or parcel impact), but also possible town-wide benefits.
4. State why the existing code is invalid or inappropriate.
5. List the goals, objectives and policies from the Town's Comprehensive Plan with which the proposed amendment is consistent. Justification as to how or why the proposed amendment is consistent with the cited portion of the comprehensive plan shall be stated.
6. Submit statistics, studies, background data, and/or analysis in support of the modifications as well as how the proposed regulations will be enforced by the Town of Longboat Key, if applicable.

CERTIFICATION

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. Furthermore, I acknowledge that the Town of Longboat Key has the right to inspect the subject property in conjunction with this Zoning Code amendment application. (Please advise the Town of any restrictions or limitations on the inspections.)

(I) (WE) understand that this Petition becomes a part of the permanent records of the Planning, Zoning and Building Department. (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)

(Please print or type Owner's Name)

Mailing address you wish information sent to and telephone number:

Phone # _____

Fax # _____

E-Mail (Optional) _____

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 Agent Name

Agent Address

Phone # _____

Fax # _____

E-Mail (Optional) _____

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 _____

At the conclusion of your zoning code amendment 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). Applicants will be invoiced within 30 days of final determination.