



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 CHANGE OF ZONING

Date: _____

A. Property Information

Property Legal Description: _____

Section: _____ Township: _____ Range: _____

Subdivision Name: _____ Lot: _____ Block: _____

Site Address: _____

Present Zoning Classification: _____ Present Future Land Use Classification: _____

Proposed Zoning Classification: _____ Proposed Future Land Use Classification: _____

Property Size (to the nearest tenth of acre or square foot): _____

Existing Use(s) of Subject Property (i.e.: vacant, residence, commercial, etc.) _____

Surrounding Land Use(s) (i.e.: vacant, residence, commercial, etc.):

a. North: _____ c. East: _____

b. South: _____ d. West: _____

At minimum all application submissions shall include the following supplemental materials and information:

- Description of the proposed activity or use and square footages shall be included with the application form.
- Analysis to substantiate the potential coastal/environmental impacts and constraints.
- Analysis of the consistency of the proposed zoning classification with the surrounding area and land uses.
- Description and itemization of existing non-conformities on the subject property.

B. Names/Addresses

List all person(s) having ownership in subject property

1. Name of Property Owner: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Telephone 2: _____ Mobile: _____

2. Name of Property Owner: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Telephone 2: _____ Mobile: _____

3. Name of Property Owner: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Telephone 2: _____ Mobile: _____

4. Name of Agent: _____
(Agent is person who has been appointed by the property owner to represent in processing of the application)
Name of Company: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Telephone 2: _____ Mobile: _____

5. Name of Engineer: _____
Name of Company: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Telephone 2: _____ Mobile: _____

6. Name of Architect: _____
Name of Company: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Telephone 2: _____ Mobile: _____

7. Name of Landscape Architect: _____
Name of Company: _____
Address: _____
City, State & Zip: _____
Telephone: _____ Fax: _____
Telephone 2: _____ Mobile: _____

NOTE: UNLESS OTHERWISE NOTED, ALL WRITTEN CORRESPONDENCE WILL BE MAILED TO THE AGENT. IF THERE IS NO AGENT, COMMENTS WILL BE SENT TO THE PROPERTY OWNER(S).

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)

(Please print or type name)

FOR STAFF USE ONLY

Application Fee: \$ 3000.00 deposit* _____ Receipt # _____
(Application fee of \$900 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.