



CITY OF SARASOTA
DEVELOPMENT APPLICATION

GENERAL INFORMATION

[PLEASE PRINT OR TYPE]

APPLICATION [PROJECT] NAME: _____

PROPERTY ADDRESS[ES]: _____

PARCEL ID NUMBER[S]: _____

	EXISTING		PROPOSED
Zone District			
Total Acres / Sq. Ft.			
Estimated Construction Value [Excluding land costs]			
THE FOLLOWING MUST BE COMPLETED FOR TRAFFIC CONCURRENCY ANALYSIS AS APPLICABLE:			
Use			
No. of Employees			
No. of Seats			
Hours of Operation			
Build-Out Date			
THE FOLLOWING MUST BE COMPLETED FOR AMENDMENTS TO THE COMPREHENSIVE PLAN:			
Future Land Use Classification			
Attach a legal description of the property and a map outlining/showing the parcel.			
THE FOLLOWING MUST BE COMPLETED BY THE OFFICE OF THE CITY AUDITOR AND CLERK FOR ANNEXATIONS:			
The property is within the Urban Service Boundary:	Signed: _____		Print: _____

ATTACH A PROJECT DESCRIPTION including total bldg. sq. ft. and, where applicable, total retail and office sq. ft., number of residential units, and proposed parking.

APPLICATION TYPE [CHECK ALL APPLICABLE]:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adjustment to Downtown Code | <input type="checkbox"/> Major Conditional Use/Amendment * | <input type="checkbox"/> Site Plan/ Major Site Plan Amendment (Major) |
| <input type="checkbox"/> Staff <input type="checkbox"/> Planning Board | <input type="checkbox"/> Minor Conditional Use/Amendment * | <input type="checkbox"/> Site Plan Extension |
| <input type="checkbox"/> Administrative Site Plan | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Street Name Change |
| <input type="checkbox"/> <input type="checkbox"/> Laurel Park Overlay District (LPOD) | <input type="checkbox"/> Off-Site Parking Agreement | <input type="checkbox"/> TIF Funding Request: <input type="checkbox"/> Downtown <input type="checkbox"/> Newtown |
| <input type="checkbox"/> Amendment to the EDCM/City Code | <input type="checkbox"/> Pre-Application Conference with | <input type="checkbox"/> Econ.Dev/Bus.Enhance <input type="checkbox"/> Public/Private |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Development Review Committee | <input type="checkbox"/> Traffic Concurrence - Initial Review |
| <input type="checkbox"/> Appeal: <input type="checkbox"/> BOA <input type="checkbox"/> PB <input type="checkbox"/> CC | <input type="checkbox"/> Preliminary Plat/Subdivision | <input type="checkbox"/> Traffic Concurrence Study |
| <input type="checkbox"/> Boundary Adjustment/Lot Split Review | <input type="checkbox"/> Proportionate Fair Share Agreement | <input type="checkbox"/> Vacation*: <input type="checkbox"/> Street <input type="checkbox"/> R-O-W <input type="checkbox"/> Easement |
| <input type="checkbox"/> Brownfield Designation | <input type="checkbox"/> Provisional Use Permit/Market | <input type="checkbox"/> Variance - Limited Admin (Non-historic) |
| <input type="checkbox"/> Comprehensive Plan Amendment - Small* | <input type="checkbox"/> Provisional Use Permit Extension | <input type="checkbox"/> Variance Extension |
| <input type="checkbox"/> Comprehensive Plan Amendment - Large* | <input type="checkbox"/> Revision (Amendment) of a | <input type="checkbox"/> Variance - Historic Structures |
| <input type="checkbox"/> <input type="checkbox"/> Regional Activity Center (Expedited) | <input type="checkbox"/> previously approved application | <input type="checkbox"/> <input type="checkbox"/> Limited Admin <input type="checkbox"/> HPB |
| <input type="checkbox"/> <input type="checkbox"/> Urban Central Business District (Expedited) | <input type="checkbox"/> Rezone without Site Plan* | <input type="checkbox"/> Zoning Code Interpretation Letter: |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Rezone with Site Plan* | <input type="checkbox"/> <input type="checkbox"/> Downtown <input type="checkbox"/> Outside DT |
| <input type="checkbox"/> Development of Regional Impact [DRI] | <input type="checkbox"/> Rezone Ordinance Amendment * | <input type="checkbox"/> Zoning Code Confirmation Letter: |
| <input type="checkbox"/> Final Plat/Subdivision | <input type="checkbox"/> R-O-W Encroachment Agreement- Major | <input type="checkbox"/> <input type="checkbox"/> Downtown <input type="checkbox"/> Outside DT |
| <input type="checkbox"/> "G" Zone Waiver * | <input type="checkbox"/> Shared Parking Agreement | <input type="checkbox"/> Zoning Text Amendment [City Only] |
| <input type="checkbox"/> Historic Reuse Permit | | |

☐ Check if applying for the Affordable Housing Fee Deferral Program and you are fee simple owner of the property

* Community Workshop Required

FOR USE BY THE OFFICE OF THE CITY AUDITOR AND CLERK

RECEIVED BY: _____ **APPLICATION NUMBER:** _____
DATE: _____ **AMOUNT PAID:** _____



CITY OF SARASOTA
DEVELOPMENT APPLICATION

GENERAL INFORMATION

[Please Print or Type]

I. PROPERTY OWNER, LESSEE, OR CONTRACT PURCHASER [Circle One]:

Name/Title:
Company Name:
Company Address:
City/State/Zip Code:

Telephone No:
Facsimile No:
E-Mail Address:

II. AGENT OF RECORD [IF ANY]: The following individual is designated as the Agent of Record for the property owner, lessee, or contract purchaser and should receive all correspondence related to the application review and billing. [Billing information will also be sent to the above-named individual.]

Name/Title:
Company Name:
Company Address:
City/State/Zip Code:

Telephone No:
Facsimile No:
E-Mail Address:

III. THE UNDERSIGNED, AS THE PROPERTY OWNER, LESSEE, CONTRACT PURCHASER, OR AGENT [Circle One], acknowledges responsibility for all City expenses associated with the referenced application(s) **including time spent by City Staff and Attorneys** through the date of issuance of a Final Certificate of Occupancy. [If same as #I above, note "Same". Not required for Pre-Application Conference with DRC.]

Name/Title:
Company Name:
Company Address:
City/State/Zip Code:

Telephone No:
Facsimile No:
E-Mail Address:

I hereby certify that all information contained herein is true and correct.

IV. Signed this _____ day of _____, _____

Signature of Property Owner, Lessee, Contract Purchaser, or Agent [Circle One]

WITNESSES TO EXECUTION ON BEHALF OF APPLICANT

Witness _____

Witness _____

Print Name _____

Print Name _____

Submit To: The Office of the City Auditor and Clerk
1565 First Street, Room 110 – Sarasota, Florida 34236
Office Number: 941-263-6222 – Fax Number: 941-263-6466
www.sarasotafl.gov