



# ADMINISTRATIVE WAIVER

## IMPORTANT INSTRUCTIONS TO ALL APPLICANTS:

You must schedule an appointment to submit this application. To request an appointment please call 813-272-5600. All requirements listed on the submittal checklist must be met. **Incomplete applications will not be accepted.**

### Property Information

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ TWN-RN-SEC: \_\_\_\_\_

Folio(s): \_\_\_\_\_ Zoning: \_\_\_\_\_ Future Land Use: \_\_\_\_\_ Property Size: \_\_\_\_\_

### Property Owner Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ FAX Number: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ FAX Number: \_\_\_\_\_

### Applicant's Representative (if different than above)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ FAX Number: \_\_\_\_\_

I HEREBY SWEAR OR AFFIRM THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION PACKET IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE REPRESENTATIVE LISTED ABOVE TO ACT ON MY BEHALF FOR THIS APPLICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Type or Print Name

I HEREBY AUTHORIZE THE PROCESSING OF THIS APPLICATION AND RECOGNIZE THAT THE FINAL ACTION ON THIS PETITION SHALL BE BINDING TO THE PROPERTY AS WELL AS TO CURRENT AND ANY FUTURE OWNERS.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Type or Print Name

### Office Use Only

Intake Staff Signature: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Case Number: \_\_\_\_\_ Public Hearing Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Type of Application: \_\_\_\_\_

**Development Services, 601 E Kennedy Blvd. 19<sup>th</sup> Floor**

# AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

\_\_\_\_\_

(NAME OF ALL PROPERTY OWNERS), being first duly sworn, depose(s) and say(s):

- That (I am/we are) the owner(s) and record title holder(s) of the following described property, to wit:  
ADDRESS OR GENERAL LOCATIONS: \_\_\_\_\_ Folio No: \_\_\_\_\_
- That this property constitutes the property for which a request for a: \_\_\_\_\_ (NATURE OF REQUEST) is being applied to the Board of County Commissioners, Hillsborough County.
- That the undersigned (has/have) appointed \_\_\_\_\_ as (his/their) agent(s) to execute any permits or other documents necessary to affect such permit.
- That this affidavit has been executed to induce Hillsborough County, Florida, to consider and act on the above-described property;
- That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
Signature (Property Owner)

\_\_\_\_\_  
Signature (Property Owner)

<p><b>STATE OF FLORIDA</b> <b>COUNTY OF HILLSBOROUGH</b> The foregoing instrument was acknowledged before</p> <p>me this _____ by _____ Date Property Owner</p> <p>Who: ____ Personally known to me _____ Florida Drivers License ____ Other Type of Identification</p> <p>And Who: ____ did _____ did not take an oath.</p> <p>_____ Signature of Notary taking acknowledgement</p> <p>_____ Type/Print Name of Notary</p> <p>_____ Commission Number Expiration Date</p>	<p><b>STATE OF FLORIDA</b> <b>COUNTY OF HILLSBOROUGH</b> The foregoing instrument was acknowledged before</p> <p>me this _____ by _____ Date Property Owner</p> <p>Who: ____ Personally known to me _____ Florida Drivers License ____ Other Type of Identification</p> <p>And Who: ____ did _____ did not take an oath.</p> <p>_____ Signature of Notary taking acknowledgement</p> <p>_____ Type/Print Name of Notary</p> <p>_____ Commission Number Expiration Date</p>
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Application Number: \_\_\_\_\_

PROPERTY/PROJECT INFORMATION SHEET

Shaded Area For Official Use Only



APPLICATION PREFIX AND NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDITIONAL HEARING INFORMATION: CUT-OFF DATE: \_\_\_\_\_  
(If Applicable)

NOTICE DEADLINE: \_\_\_\_\_

Proposed Project Name (If Applicable): \_\_\_\_\_

Are Code Enforcement issues pending? \_\_\_\_\_ If "Yes", list citation numbers \_\_\_\_\_

List each folio within the proposed project along with the corresponding information for each (Use additional sheets if necessary).

Folio Numbers	Owner(s) Name(s) as listed on the deed	Acreage	Current Zoning*	Comp. Plan Category	S/T/R**
Total Acreage:					

\* If Current Zoning is PD, list PD application number as well.

\*\* Section / Township / Range

**ADMINISTRATIVE  
WAIVER**

**A. General Description**

In certain instances as specifically referenced in the Land Development Code (LDC), the Administrator has the ability to review and approve adjustments to development standards (setback, parking, etc.) if determined appropriate.

**B. Submittal Requirements**

Unless otherwise required by the Administrator, the following information must be provided to submit an application:

1. Fee Payment - payment of fees as referenced in Section 2.0 of the Development Review Procedures Manual.
2. Application - as referenced in Section 3.0 of the Development Review Procedures Manual.
3. Written Statement - including the following:
  - explanation of the request, and
  - specific reference to LDC citation permitting requested adjustment (waiver).
4. Supplemental information - include the following as may be necessary to substantiate request:
  - site plan(s),
  - special studies (e.g., parking analysis).
5. If property owner is a corporation, submit the Sunbiz information indicating that you are authorized to sign the application and/ or affidavit. This can be obtained at <http://sunbiz.org/>

## Checklist of Submittal Requirements For an Administrative Waiver

	<b>Applicant Initials</b>	<b>Intake Initials</b>	<b>Requirements</b>
1.			Fee Payment
2.			Application (Included in this packet)
2a.			Affidavit to Authorize Agent (If applicable) <b>NOTE:</b> All property owners must sign either the Application form or the Affidavit to Authorize
2b.			Copy of Recorded Deed(s) (can be obtained in the Records Library, 419 Pierce St., Tampa, FL33602)
2c.			Written Statement
2d.			Property Information Sheet (use for multiple folio numbers)
3.			Supplemental information
4.			Site Plan
4a.			Special Studies

If property owner is a corporation, submit the Sunbiz information indicating that you are authorized to sign the application and/or affidavit. This can be obtained at <http://sunbiz.org/>

## AIRPORT HAZARD EVALUATION

(Effective October 13, 2015)

Properties located within the map areas depicted below may be subject to a separate Airport Height Zoning Permit approval process of the Hillsborough County Aviation Authority (HCAA), pursuant to the HCAA's Airport Zoning Regulations. Additionally, pursuant to an Interlocal Agreement between the HCAA and Hillsborough County, any Land Development Proposal within proximity to Tampa International Airport and Tampa Executive Airport and Educational facilities and landfills located with certain mapped areas will be transmitted to HCAA for review.

### For additional information and questions:

Tampa International Airport Information Link: <http://www.tampaairport.com/airport-height-zoning>

Contact: Tony Mantegna / Tampa International Airport

Phone: (813) 870-7863

tmantegna@tampaairport.com

