



DETERMINATION OF NONCONFORMITY

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. 19th 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):

1. 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: _____

2. 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.

3. That the undersigned (has/have) appointed _____ as (his/their) agent(s) to execute any permits or other documents necessary to affect such permit.

4. That this affidavit has been executed to induce Hillsborough County, Florida, to consider and act on the above-described property;

5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Signature (Property Owner)

Signature (Property Owner)

<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH 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>STATE OF FLORIDA COUNTY OF HILLSBOROUGH 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>
---	---

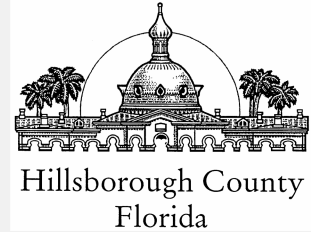
PROPERTY/PROJECT INFORMATION SHEET

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

DETERMINATIONS OF NONCONFORMITIES

A. General Description

Submittal and review procedures for determinations of nonconformities to current regulations.

B. Cross Reference to Land Development-Code Section 11.03.00.

C. Submittal Requirements

Fee Payment - as referenced in Section 2.0 of the Development Review Procedures Manual.

Application - as referenced in Section 3.0 of the Development Review Procedures Manual.

Deed - copy of current recorded deed.

Property History Card - copy from Property Appraiser's Office.

Property Record Printout - copy from Property Appraiser's Office.

Plot or Site Plan - of sufficient size and indicating the following:

- boundaries of the non-conforming use site
- existing and/or adjacent streets
- all buildings and structures on the site and their exact location
- any bodies of water on the site
- conservation or preservation areas
- easements

Notarized Affidavit - concerning the issue to be reviewed.

Additional Documentation - supplemental information may include:

a. Residential Reviews

- copy of a building permit for a single-family dwelling request
- copy of a mobile home permit for a mobile home request
- copy of a duplex building permit for a duplex request
- copy of the space permits and approved site plan for mobile home park requests

b. Business, Commercial or Industrial Reviews. Approved site plan including the following:

- height and square footage of individual building or structure, and total
- square footage for all buildings or structures on site
- access points, driveways and pedestrian walkways/ bike ways
- off-street parking and off-street parking areas (Total number and type of parking spaces must be shown)
- all fences, walls and hedges
- copy of a commercial building permit, for a commercial building
- letters from the license issuance office, for commercial business/occupation license(s)

APPLICANT'S AFFIDAVIT FOR A LEGAL NON-CONFORMITY

I, the undersigned applicant for Non-Conforming Use review, do hereby state that the following nonconformity has existed on the site in question since (year) _____. I further state that this nonconformity has existed continuously and has not ceased for more than ninety (90) consecutive calendar days, or a total of one hundred eighty (180) calendar days in any one-year period since the nonconformity was originated.

DETAILS OF NONCONFORMITY:

Signature of Applicant

Printed or Typed Name of Applicant

STATE OF FLORIDA COUNTY OF HILLSBOROUGH The foregoing instrument was acknowledged before me this (DATE) _____ By _____ who: _____ (Property Owner) <input type="checkbox"/> Personally known to me <input type="checkbox"/> Florida driver's license <input type="checkbox"/> Other type of identification: and who: <input type="checkbox"/> did <input type="checkbox"/> did not take an oath. _____ (Signature of Notary taking acknowledgment) _____ Type or Print Name of Notary Public _____ Commission Number Expiration Date
--

AFFIDAVIT FOR A LEGAL NON-CONFORMITY

I, the undersigned, do hereby state that I am a (Please check one):

- _____ a past or present adjacent property owner, or
- _____ a former owner of, the parcel on which the nonconformity exists, or
- _____ another informed individual (please explain below)

and I further state that I have knowledge that the nonconformity as described below has existed on the site in question since _____. I further state that to the best of my knowledge the nonconformity has existed continuously and has not ceased for more than ninety (90) consecutive calendar days nor for more than one hundred eighty (180) calendar days within any one-year period since the nonconformity was originated.

DETAILS OF NONCONFORMITY:

Signature of Applicant

Printed or Typed Name of Applicant

<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH The foregoing instrument was acknowledged before me this (DATE) _____ By _____ who: _____ (Property Owner) <input type="checkbox"/> Personally known to me <input type="checkbox"/> Florida driver's license <input type="checkbox"/> Other type of identification: and who: <input type="checkbox"/> did <input type="checkbox"/> did not take an oath.</p> <hr/> <p>(Signature of Notary taking acknowledgment)</p> <hr/> <p>Type or Print Name of Notary Public</p> <hr/> <p>Commission Number Expiration Date</p>
--

Submittal Requirements for a Determination of Nonconformity

	Applicant Initials	Intake Initials	Requirements
			Fee Payment
			Application (Included in this packet)
			Affidavit to Authorize Agent (If applicable)
			Recorded Deed for the Subject Property. This can be obtained from the Clerk of the Circuit Court Recording Library located at 419 Pierce Street, (813) 276-8100 ext 4367.
			Property History Card (Hillsborough County Property Appraisers Office, 601 E. Kennedy Boulevard, 15th Floor, (813) 272-6100, www.hcpafl.org .)
			Property Record Printout (Hillsborough County Property Appraisers Office, 601 E. Kennedy Boulevard, 15th Floor, (813) 272-6100, www.hcpafl.org .)
			Plot Plan, Survey, or Site Plan Aerial (if applicable)
			Notarized Affidavit
			Applicant's Affidavit for Legal Non-Conformity (must be notarized, to be completed by the Applicant/Owner of the subject property)
			Affidavit for Legal Non-Conformity (must be notarized, to be completed by a former owner of the subject property, a current or former adjacent property owner, or another individual familiar with the history of the subject property)
			Additional Documentation

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

