



# LDC TEXT AMENDMENT APPLICATION

**IMPORTANT INSTRUCTIONS TO ALL APPLICANTS:**

*You must schedule an appointment to submit this application by calling 813-277-5600.  
All requirements listed on the submittal checklist must be met. **Incomplete applications will not be accepted.***

### Applicant Information

Applicant: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ 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: \_\_\_\_\_

### Request Information

Land Development Code Section(s) proposed to be amended: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

*Office Use Only*

Intake Staff Signature: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
Application Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
Submitted for LDC Amendment Round (Example: Round 2 2007) \_\_\_\_\_  
Cut-off Deadline: \_\_\_\_\_ PC Workshop: \_\_\_\_\_ PC Public Hearing: \_\_\_\_\_  
BOCC Workshop: \_\_\_\_\_ 1<sup>st</sup> Public Hearing: \_\_\_\_\_ 2<sup>nd</sup> Public Hearing: \_\_\_\_\_

# **AFFIDAVIT TO AUTHORIZE AGENT**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

\_\_\_\_\_  
(NAME OF ALL APPLICANTS), being first duly sworn, depose(s) and say(s):

1. That this application constitutes a request for an amendment to the Land Development Code 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 documents necessary to affect such application.
4. That this affidavit has been executed to induce Hillsborough County, Florida, to consider and act on the above-described application;
5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

## **LDC TEXT AMENDMENT APPLICATION** **SUBMITTAL CHECKLIST**

The checklist below includes items and information that must accompany all LDC Text Amendment requests. The applicant must fill out the checklist by placing a checkmark in each box indicating the application is complete and signing below.

***Incomplete applications will not be accepted.***

Application Fee - Check made payable to Hillsborough County Board of County Commissioners.

Copy of Pre-Application Meeting form signed by the applicant (required for all privately initiated amendments).

Completed Affidavit to Authorize Agent, if applicable.

Written Statement. At a minimum, the written statement must include the information below. Failure to address each item below may cause the application to be continued to the next round of LDC Text Amendments.

- 1) The reason why said regulation(s) should be amended, supplemented, or deleted;
- 2) Any public purpose that the amendment would serve;
- 3) How the proposed modification is applicable County-wide in lieu of addressing a singular parcel or incident;
- 4) How the proposed amendment is consistent with the intent and purpose of the Hillsborough County Comprehensive Plan. This shall include reference to specific goals, objectives, and policies of the Comprehensive Plan; and
- 5) Statistics, studies, background data, and/or analysis in support of the modification as well as how the proposed regulation will be enforced by Hillsborough County.

All required data/analysis as indicated on the Pre-Application Meeting form, if applicable.

Proposed revised Land Development Code language (in required strike through / italicized format).

Electronic Copy – A copy of the Written Statement and proposed revised Land Development Code language in electronic format (Microsoft Word only).

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/>

Applicant Signature: \_\_\_\_\_

I certify that I have completed the application and have included all material checked above.

## 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

