



# SPECIAL USE (ALCOHOLIC BEVERAGE PERMIT) (NO WAIVERS REQUIRED)

### 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):

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><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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**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

## ALCOHOLIC BEVERAGE SPECIAL USE PERMIT (NO WAIVER

### REQUIRED) A. General Description

Permit to sell alcoholic beverages at a location that meets separation requirements between the proposed use and residentially zoned properties, community uses and, when applicable, other alcoholic beverage use establishments.

### B. Cross Reference to Land Development Code

Section 2.02.00, Uses allowed within zoning districts

Section 2.03.01, Alcoholic Beverage Special Use Permit

### C. Submittal Requirements

In addition to the following items, the Administrator [may](#) request additional information as may be necessary to properly review the application.

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

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

3. Written Statement - detailed description of proposal.

4. Legal Description - typed on a separate page.

5. Site Plan - one 8½ inch x 11 inch copy (or four copies if plan is larger) containing the following:

- Proposed structure location.

6. Scaled Survey of the area to receive the Alcoholic Beverage Special Use Permit (wet zone) - prepared by a Florida registered surveyor and mapper depicting the following:

- zoning of subject and adjacent parcels,
- area proposed for wet-zoning,
- legal description of wet-zone area,
- square footage of wet-zone area,
- straight line distances from the nearest point of the wet-zone area to the property line of the nearest community uses, (schools, child care centers, public libraries, community recreational facilities, churches, synagogues and parks),
- straight line distances from the nearest point of the wet-zone area to the property line of the nearest residential zoning districts,
- other certain wet-zonings within 1,000 feet, as prescribed by the Land Development Code, and the straight line distance from nearest point of legal description of the proposed use to the nearest point of legal description of those wet-zonings (only applicable to

requests for 3-PS, 2-COP, 2-COP-X, 4-COP, 4-COP-X, 4-COP-SX, 4-COP-SBX, 11-C Social and Bottle Club).

- Certification language shall be as follows:

This is to certify that a visual inspection has been made of all property for the following existing community uses: church/synagogues, schools, child care centers, public libraries, community recreational facilities, and parks within 500-foot straight-line distance from the proposed site. A visual inspection of the apparent proposed special use permitted site from residentially zoned property has been made and is indicated in a straight-line distance as required for the specific alcoholic beverage permit classification. In the case where an Alcoholic Beverage Permit classification requires that certain types of existing alcoholic beverage uses within a 1,000-foot, straight-line distance from the proposed site be indicated as defined in the Land Development Code, a visual inspection has been made and the findings are indicated on the survey.

#### **D. Review Procedures**

The Administrator's decision to grant or deny the requested alcoholic beverage permit shall be based on whether the proposal complies with all applicable provisions of [LDC](#) Section 2.03.01 and other County regulations. The Administrator's decision shall be in writing in the form of a letter to the applicant. The decision shall be sent by registered mail to the applicant.

**Checklist Of Submittal Requirements - Alcoholic Beverage  
Special Use Permit  
(No Waiver Required)**

	Applicant Initials	Intake Initials	Requirements
1.			Fee Payment
2.			Application (Included in this packet)
3.			Affidavit to Authorize Agent (If applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize
4.			Property Information Sheet (all information must be completed for each folio included in the request.)
5.			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.
6.			Written Statement
7.			Legal Description
8.			Site Plan
9.			Scaled Survey of the area to receive the Alcoholic Beverage Special Use Permit (wet zone)

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

