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]**:**

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

□ 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:	Telephone No:
Company Name:	Facsimile No:
Company Address:	E-Mail Address:
City/State/Zip Code:	

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:	Telephone No:
Company Name:	Facsimile No:
Company Address:	E-Mail Address:
City/State/Zip Code:	

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:	Telephone No:
Company Name:	Facsimile No:
Company Address:	E-Mail Address:
City/State/Zip Code:	

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