

## **ADMINISTRATIVE WAIVER APPLICATION INFORMATION PACKET**

**Applications cannot be accepted without an appointment.**

**Call (813) 277-1630  
to schedule an appointment to file an application.**

**Incomplete applications cannot be accepted.  
Please read the instructions and use the attached checklist.**

**The Land Development Code allows up to 30 business days for  
processing and review of administrative applications.**



**THE HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS  
ADOPTED LOBBYING ORDINANCE NO. 93-8, AS AMENDED. PRIOR TO  
MEETING PRIVATELY WITH A BOARD MEMBER, COUNTY ATTORNEY,  
CHIEF ASSISTANT COUNTY ATTORNEY, COUNTY ADMINISTRATOR, ANY  
ASSISTANT COUNTY ADMINISTRATOR, OR ANY DEPARTMENT HEAD,  
YOU MAY BE REQUIRED TO REGISTER AS A LOBBYIST.**

**HILLSBOROUGH COUNTY PLANNING & GROWTH MANAGEMENT  
APPLICATION FORM**

Shaded Area For Official Use Only

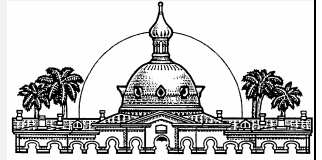
APPLICATION PREFIX AND NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HEARING(S) AND TYPE: DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_  
(If Applicable)

DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

APPLICATION TYPE AS REFERENCED IN LDC: \_\_\_\_\_



Hillsborough County  
Florida

INTAKE DATE: \_\_\_\_\_ INTAKE TECHNICIAN SIGNATURE: \_\_\_\_\_

**APPLICANT'S REPRESENTATIVE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

PROPERTY ADDRESS OR GENERAL LOCATION: \_\_\_\_\_

NATURE OF REQUEST: \_\_\_\_\_

RELATED APPLICATIONS: \_\_\_\_\_

PROPOSED UTILITIES: PUBLIC WATER \_\_\_ PRIVATE WELL \_\_\_ PUBLIC WASTEWATER \_\_\_ SEPTIC TANK \_\_\_

(Additional Information Required On "Property Information Sheet")

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

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

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

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

\_\_\_\_\_  
Signature of the Owner(s) – (All Parties on the Deed must Sign)

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

**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.

\_\_\_\_\_  
SIGNED (PROPERTY OWNER)

\_\_\_\_\_  
SIGNED (PROPERTY OWNER)

<b>STATE OF FLORIDA COUNTY OF HILLSBOROUGH</b>	
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

<b>STATE OF FLORIDA COUNTY OF HILLSBOROUGH</b>	
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

**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),
  - aerial, and
  - special studies (e.g., parking analysis).

## Checklist of Submittal Requirements For an Administrative Waiver

	<b>Applicant Initials</b>	<b>Intake Initials</b>	<b>Requirements</b>
1.	_____	_____	<b>Fee Payment</b>
2.	_____	_____	<b>Application</b> (Included in this packet)
2.a.	_____	_____	<b>Affidavit to Authorize Agent</b> (If applicable) <b>NOTE:</b> All property owners must sign either the Application form or the Affidavit to Authorize
2.b.	_____	_____	<b>Property Information Sheet</b> (all information must be completed for each folio included in the request.)
2.c.	_____	_____	<b>Copy of Recorded Deed(s)</b> (can be obtained in the Records Library on the 6 <sup>th</sup> floor of 501 E. Kennedy Blvd.)
3.	_____	_____	<b>Written Statement</b>
4.			<b>Supplemental information</b>
4.a.	_____	_____	<b>Site Plan</b>
4.b.	_____	_____	<b>Aerial</b>
4.c.	_____	_____	<b>Special Studies</b>