

**PERSONAL APPEARANCE
FEE WAIVER
(NON-NOTICED)**

APPLICATION INFORMATION PACKET

Applications cannot be accepted without an appointment.

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

**All applications filed after 3:00 p.m. will be processed and
considered as filed on the next business day.**



**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.**

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Table Of Contents

Item

General Procedurespage 1

Submittal Requirementspage 2

Application Form

Affidavit to Authorize Agent

Checklist of Submittal Requirements

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

Shaded Area For Official Use Only

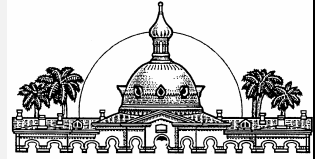
APPLICATION PREFIX AND NUMBER: _____ - _____ - _____

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

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)

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