

Determination of Nonconformity Application



Hillsborough County Florida
Development Services

Important Instructions to All Applicants:

You must schedule an appointment to submit this application.
To request an appointment please call (813) 277-1630 or email ZoningIntake-DSD@HCFLGov.net
All requirements listed on the submittal checklist must be met. Incomplete applications will not be accepted.

Official Use Only

Application No: _____ Intake Date: _____ Receipt Number: _____ Intake Staff Signature: _____

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 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 (If applicant is other than owner)

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 location: Folio No(s):
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)

Type or Print Name

Type or Print Name

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of , by (year)

(name of person acknowledging)

Personally Known OR Produced Identification
Type of Identification Produced

(Signature of Notary taking acknowledgment)

Type or Print Name of Notary Public

Commission number Expiration date

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of , by (year)

(name of person acknowledging)

Personally Known OR Produced Identification
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Type or Print Name of Notary Public

Commission number Expiration date



Property/Project Information Sheet

Official Use Only

Application No: _____

Proposed Project Name (If applicable): _____ Related Applications: _____

List Code Enforcement/Building Code violation No. (if applicable): _____

List each folio within the proposed project along with the corresponding information for each (Use additional sheets if necessary).

Folio Number	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



Applicant's Affidavit for a Legal Nonconformity

I, the undersigned applicant for Non-Conforming Use review, do hereby state that the following nonconformity has existed on the site in question since (year) _____. I further state that this nonconformity has existed continuously and has not ceased for more than ninety (90) consecutive calendar days, or a total of one hundred eighty (180) calendar days in any one-year period since the nonconformity was originated.

Details of Nonconformity

Signature of Applicant

Printed or Typed Name of Applicant

STATE OF FLORIDA	
COUNTY OF HILLSBOROUGH	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this ____ day of _____, _____, by (year)	
_____ (name of person acknowledging)	
<input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification	
Type of Identification Produced _____	
_____ (Signature of Notary taking acknowledgment)	
_____ Type or Print Name of Notary Public	
_____ Commission number	_____ Expiration date



**Hillsborough
County Florida**

Development Services

Other Informed Party's Affidavit for Legal Nonconformity

I, the undersigned, do hereby state that I am a (Please check one):

_____ a past or present adjacent property owner, or

_____ a former owner of, the parcel on which the nonconformity exists, or

_____ another informed individual (please explain below)

and I further state that I have knowledge that the nonconformity as described below has existed on the site in question since _____. I further state that to the best of my knowledge the nonconformity has existed continuously and has not ceased for more than ninety (90) consecutive calendar days nor for more than one hundred eighty (180) calendar days within any one-year period since the nonconformity was originated.

Details of Nonconformity

Signature of Other Informed Party

Printed or Typed Name of Other Informed Party

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, _____, by
(year)

(name of person acknowledging)

Personally Known OR Produced Identification

Type of Identification Produced _____

(Signature of Notary taking acknowledgment)

Type or Print Name of Notary Public

Commission number

Expiration date



Checklist of Submittal Requirements for a Determination of Nonconformity

Incomplete applications will not be accepted

Applicant Initials	Intake Initials	Requirements
1 _____	_____	Fee Payment
2 _____	_____	Application form (included in this package)
3 _____	_____	Affidavit(s) to Authorize Agent (if applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize Agent. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorize to sign the application and/or affidavit.
4 _____	_____	Sunbiz Form (if applicable). This can be obtained at Sunbiz.org .
5 _____	_____	Copy of Current Recorded Deed(s) . Can be obtained in the Records Library at 419 Pierce St., Room 140, Tampa, FL, (813) 276-8100 Ext. 4367.
6 _____	_____	Property/Project Information Sheet . All information must be completed for each folio included in the request.
7 _____	_____	Written Statement . Provide a detailed description and history of the nonconformity that is the subject of the application.
8 _____	_____	Property History Card (Hillsborough County Property Appraisers Office, 601 E. Kennedy Boulevard, 15th Floor, (813) 272-6100, HCPAFL.org .)
9 _____	_____	Property Record Printout (Hillsborough County Property Appraisers Office, 601 E. Kennedy Boulevard, 15th Floor, (813) 272-6100, HCPAFL.org .)
10 _____	_____	Survey/Site Plan (if applicable)
11 _____	_____	Applicant’s Affidavit for Legal Nonconformity (must be notarized, to be completed by the Applicant/Owner of the subject property)
12 _____	_____	Other Informed Party’s Affidavit for Legal Nonconformity (must be notarized, to be completed by a former owner of the subject property, a current or former adjacent property owner, or another individual familiar with the history of the subject property)
13 _____	_____	Supplemental Information (optional)



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: TampaAirport.com/Airport-height-zoning

Contact: Tony Mantegna / Tampa International Airport

Phone: (813) 870-7863 E-Mail: TMantegna@TampaAirport.com

