

City of Safety Harbor Application for SITE PLAN MINOR MODIFICATION

Date Received:	
File Number:	
Staff Reviewer:	

1. PROPERTY OWNER:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

2. APPLICANT (if same as property owner, write "Same"):

Name:		
Address:		
Telephone:	Fax:	E-Mail:

3. ENGINEER/SURVEYOR:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

4. PLANNER/ARCHITECT:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

Please check one:

Site plan only

Site plan and construction plan (residential projects only)

5. SITE INFORMATION:

Address:		
Project Acres:	Sq. Ft.	
Total Site Acres (including contiguous property owned by applicant):		
Sq. Ft.	Parcel ID#:	
Subdivision:	Lot#	Block#:
Existing Land Use Description:		
Future Land Use Designation:	Zoning Classification:	

6. PLEASE LIST ALL OF THE CHANGES THAT ARE PROPOSED AS PART OF THIS MINOR MODIFICATION:

Number of Modifications	Site Plan Page	Description of Change
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

***Note: Before the application is routed to staff for review, this list will be reviewed for completeness**

7. REQUIRED INFORMATION:

- Site Plans —Nine (9) signed and sealed folded copies

- Proof of ownership (copy of Warranty Deed, Title Certification, etc.)

- USB Flash Drive with .pdf of sealed site plan

- Notarized affidavit (see attached)

8. APPLICATION FEES (Must be paid prior to processing):

Type	Review Fee	Public Notice Fee
Minor Site Plan Amendment	\$400 for drainage or utility, \$200 for each site plan modification (not including drainage or utilities)	\$0

NOTORIZED AFFIDAVIT

I and/or we, the undersigned certify ownership of the property within this application, certify that said ownership has been fully divulged, whether such ownership be contingent or absolute, and that the names of all parties to any existing contract for sale or any options to purchase are filed with this application.

I/we, certify that _____ and _____ is/are duly designated as the agent(s) for the owner, that the agent(s) is/are authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition. Further, it is understood that this application must be complete and accurate, and the fee paid prior to processing.

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____ 20____ by _____ . They are Personally Known

OR

Produced Identification _____ Type of identification _____

Signature of Title Holder

Printed Name of Title Holder

Signature of Title Holder

Printed Name of Title Holder

Signature of Notary

Name of Notary [typed, printed or stamped]

**NOTARY
STAMP**