

# City of Safety Harbor Application for CONDITIONAL USE

Date Received:	
File Number:	
Staff Reviewer:	

**1. PROPERTY OWNER:**

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

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

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

**3. AGENT FOR PETITIONER:**

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

**4. SITE INFORMATION:**

Address:			
Project Acres:	Sq. Ft.	Parcel ID#:	
Total Site Acres (including contiguous property owned by applicant):			
Sq. Ft.	Parcel ID#:		
Subdivision:		Lot#	Block#:
Future Land Use Designation:		Zoning Classification:	
Do you claim vested rights or estoppel? <input type="checkbox"/> Yes (If so, please explain on separate sheet of paper) <input type="checkbox"/> No			



**6. REQUIRED INFORMATION:**

- An aerial map or scaled survey that fully explains the request, including existing and proposed dimensions that are applicable to the request
  
- Proof of Ownership (Copy of Warranty Deed, Title Certification, etc.)

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

Type	Review Fee	Public Notice Fee	Total
CONDITIONAL USE	\$350	\$50	\$400

# 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**

## **CONDITIONAL USE REVIEW CRITERIA**

No conditional use shall be recommended for approval or receive a final action of approval unless a positive finding based upon substantial competent evidence either presented at a public hearing held by the Board or reviewed personally by the Board members is made on each of the following standards:

1. Conformance with the requirements of the Zoning Code;
2. The use to which the property may be put is appropriate to the property in question and is compatible with existing and planned uses in the area;
3. The conditional use is consistent with the goals, objectives and policies of all Elements of the City Comprehensive Plan;
4. The conditional use will not result in significant adverse impacts to the environment or historical resources;
5. The conditional use will not adversely affect adjoining property values;
6. The conditional use will not adversely impact nor exceed the capacity or the fiscal ability of the City to provide available public facilities including transportation, water and sewer, solid waste, drainage, recreation, education, fire protection and emergency services, police protection, library service and other similar public facilities. Compliance with the adopted Levels of Service standards can be demonstrated if necessary; and
7. The conditional use shall provide for efficient and orderly development considering the impact upon growth patterns and the cost to the City to provide public facilities.