



CITY OF LARGO

Community Development Department
Planning Division | 727-587-6749 Ext. 7301
askaplanner@largo.com

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|--------------------------------|
| For Planning Division Use Only |
| Acceptance Date: |
| Reviewer: |
| Application Fee: |
| Project Number: |

Conditional Use Application

I. Project:

- A. Project Name: _____
- B. Project Description: _____
- C. Address of Subject Property: _____
- D. Parcel I.D. No (s): _____
- E. Existing use(s) of property: _____

II. Application:

- A. Applicant's Status (Attach Proof of Ownership): Owner (title holder) Agent
- B. Name of Applicant(s)/Contact Person(s): _____
 Company (if applicable): _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No:(____)_____ Email: _____
- C. Name of owner (title holder): _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

III. Additional Information:

- A. Is there any existing contract for sale of, or options to purchase the subject property?
 Yes No
 If "yes," list names of all parties involved: _____
 Is the contract/option contingent or absolute? _____

I/we certify & acknowledge that the information contained herein is true and correct to the best of my/our knowledge.

Signature of applicant: _____

Print Name and Title: _____

B. Application Checklist:

Please initial next to each item. Incomplete applications will not be accepted.

_____ Application Fee of **\$500.00**.

_____ Notarized letter of authorization (required if applicant is agent for property owner) OR Deed (required if applicant is property owner);

_____ One (1) digital copy of a current certified survey – Must be signed and sealed by a registered surveyor which includes a legal description of the subject property, all easements, encroachments and other conditions existing on the site;

_____ One (1) digital copy preliminary site plan prepared and reviewed in accordance with the provisions of Chapter 3 of this CDC;

_____ A letter requesting the conditional use approval, including a description of the proposed use and a statement of consistency with the review criteria for conditional uses (Section 4.2.4) of this CDC; and

_____ (IF APPLICABLE) Any other items, as may be required by the DCO, to completely describe or evaluate the request.

Please choose the correct notary block below that pertains to your situation, if the incorrect notary block is chosen you will have to have the form re-notarized.

For an individual acting in his or her own right:

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ by _____, who is personally known to me or who has produced _____ as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title)

For a corporation:

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ by _____ of _____ (name of corporation acknowledging) , a _____ (state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title)

For a limited liability company:

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date) by _____ (name of member, manager, officer or agent, title of member, manager, officer or agent) , of _____ (name of company acknowledging) , a _____ (state or place of formation) limited liability company, on behalf of the company, who is personally known to me or has produced _____ as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title)

For a partnership:

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date) by _____ (name of acknowledging partner or agent) partner (or agent) on behalf of _____ (name of partnership) , a partnership. He/she is personally known to me or has produced _____ as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title)

For an individual acting as principal by an attorney in fact:

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date) by _____ (name of attorney in fact) as attorney in fact, who is personally known to me or who has produced _____ as identification on behalf _____ of (name of principal) .

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title)

By any public officer, trustee, or personal representative:

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date) by _____ (name and title of position) who is personally known to me or who has produced _____ as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title)