Hillsborough County Florida
Development Services

Administrative Waiver Application

Official Use Only

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

Property Information

Address: _____ City/State/Zip:_____

SEC-TWN-RN:_____ Zoning: _____Future Land Use: _____Property Size:_____

Folio(s): _____

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

Hillsborough County Florida
Development Services

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
Type of Identification Produced_____

_____
(Signature of Notary taking acknowledgment)

_____
Type or Print Name of Notary Public

Commission number Expiration date

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Property/Project Information Sheet

Official Use Only

Application No:_____

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

Proposed Utilities: ❑ Public Water ❑ Private Well ❑ Public Wastewater ❑ Septic Tank

Service Area: ❑ Urban ❑ Rural ❑ City of Temple Terrace ❑ City of Tampa

Is subject parcel (s) subject to foreseen lot splitting? ❑ Yes ❑ No

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*	Future Land Use Category	S/T/R**
	Total Acreage:				

* If Current Zoning is PD, list PD application number as well.

** Section/Township/Range

Hillsborough County Florida
Development Services

Identification of Sensitive/Protected Information and Acknowledgement of Public Records

Pursuant to Chapter 119 Florida Statutes, all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact Hillsborough County Development Services to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under Florida Statutes §119.071(4) will need to contact Hillsborough County Development Services to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? ☐ Yes ☐ No

I hereby confirm that the material submitted with this application

☐ Includes sensitive and/or protected information.

Type of information included and location_____

_____

☐ Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the application can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: _____

(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____

Hillsborough County Florida
Development Services

Submittal Requirements for Administrative Waiver

A. Application Submittal

Documents must be submitted as separate PDF documents with a minimum image resolution of 300 dpi labeled according to their contents and submitted in a single email to ZoningIntake-DSD@HCFL.gov. Incomplete submittals will receive an email indicating the documents that are missing and will require a full resubmittal. Payment instruction shall be emailed to the applicant after verification of a complete application submittal.

For questions regarding the application process or requirements, please email ZoningIntake-DSD@HCFL.gov.

B. Review Period

Please allow 30 business days (approximately six calendar weeks) for the review to be completed. Decisions will be emailed to the designated representative identified on the application. If a designated representative is not identified, the decision will be emailed to the applicant.

Incomplete applications will not be accepted.

	Included	N/A	Requirements
1	☐		**Application form** (included in this package)
2	☐	☐	**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.
3	☐	☐	**Sunbiz Form** (if applicable). This can be obtained at Sunbiz.org.
4	☐		**Property/Project Information Sheet** All information must be completed for each folio included in the request.
5	☐		**Written Statement**
6	☐		**Identification of Sensitive/Protected Information and Acknowledgement of Public Records**
7	☐		**Copy of Current Recorded Deed(s) for the subject property**
8	☐		**Proposed Site Plan**
9	☐	☐	**Supplemental Information** (optional)