

Determination of Nonconformity Application



Hillsborough County Florida
Development Services

Important Instructions to All Applicants:

Please email your completed application to 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)

Type or Print Name

Signed (Property Owner)

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



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 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



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

Identification of Sensitive/Protected Information and Acknowledgement of Public Records



**Hillsborough
County Florida**
Development Services

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 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 applicant 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: _____



Submittal Requirements for a Determination of Nonconformit

Incomplete applications will not be accepted.

Included	N/A	Requirements
1	<input type="checkbox"/>	<input type="checkbox"/> <u>Application for Determination of Nonconformity</u>
2	<input type="checkbox"/>	<input type="checkbox"/> <u>Affidavit(s) to Authorize Agent</u> (if applicable) NOTE: All property owners must sign either the Application form or the Affidavit to Authorize Agent. This includes property owners of parking locations. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorized to sign the application and/or affidavit.
3	<input type="checkbox"/>	<input type="checkbox"/> Sunbiz Form (if applicable). This can be obtained at Sunbiz.org .
4	<input type="checkbox"/>	<input type="checkbox"/> Copy of Current Recorded Deed(s) for the subject properties (including properties where parking will be located)
5	<input type="checkbox"/>	<input type="checkbox"/> <u>Property/Project Information Sheet</u> All information must be completed for each folio included in the request.
6	<input type="checkbox"/>	<input type="checkbox"/> <u>Identification of Sensitive/Protected Information and Acknowledgement of Public Records</u>
7	<input type="checkbox"/>	<input type="checkbox"/> Written Statement. Provide a detailed description and history of the nonconformity that is the subject of the application.
8	<input type="checkbox"/>	<input type="checkbox"/> Property History Card (Hillsborough County Property Appraisers Office, 601 E. Kennedy Boulevard, 15th Floor, (813) 272-6100, HCPAFL.org .)
9	<input type="checkbox"/>	<input type="checkbox"/> Property Record Printout (Hillsborough County Property Appraisers Office, 601 E. Kennedy Boulevard, 15th Floor, (813) 272-6100, HCPAFL.org .)
10	<input type="checkbox"/>	<input type="checkbox"/> Survey/Site Plan (if applicable)
11	<input type="checkbox"/>	<input type="checkbox"/> <u>Applicant's Affidavit for Legal Nonconformity</u> (must be notarized, to be completed by the Applicant/Owner of the subject property)
12	<input type="checkbox"/>	<input type="checkbox"/> <u>Other Informed Party's Affidavit for Legal Nonconformity</u> (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	<input type="checkbox"/>	<input type="checkbox"/> Supplemental Information (optional)



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), which includes a Determination of “No Hazard” from the Federal Aviation Administration (FAA), pursuant to the HCAA’s Airport Zoning Regulations. FAA Determinations can take up to 45 days to complete. 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

