Hillsborough County Florida
Development Services

Billboard Verification Request

Important Instructions to All Applicants

- Please submit this form and required documents to ZoningIntake-DSD@HCFL.gov.
- All documents must be submitted as separate PDFs. Each PDF document must be named according to its contents. All PDF documents must be submitted in a single email.
- Payment instructions will be sent to you after receipt of the completed application.
- Please allow a minimum of 30 business days for review and response.
- We cannot accept phone, fax, or email requests that are not submitted pursuant to these instructions.
- Once the review is complete, you will receive your Zoning Verification letter via email.

IMPORTANT: This form is NOT for zoning sign-offs for Community Residential Homes for Agency for Health Care Administration (AHCA) licensing or for Affordable Housing, or for standard Zoning Verifications. Please use the appropriate form for these requests.

Official Use Only

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

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Address(es) of the Parcel(s) of Interest:

_____

Folio Number(s) of the Parcel(s) of Interest:

_____

Please visit HCPAFL.org to obtain the Folio number(s) of the parcel(s).

Please submit the following documents with this application:

1. Written narrative explaining what information is requested.
2. Completed FDOT Application for Outdoor Advertising Permit.
3. A current billboard inventory.
4. Proposed site plan that shows:
   - The setback from the right-of-way.
   - A spot elevation at the base of the proposed billboard.
   - A spot elevation of the crown of the abutting interstate right-of-way located perpendicularly to the base of the proposed billboard from the roadway.
   - A height diagram that shows the elevation at the crown of the interstate roadway, the elevation of the base of the billboard, the height of the sign from the crown of the roadway to the top of the sign.
   - A diagram showing the dimensions and square footage of the billboard.
5. The attached Sensitive Information Acknowledgment Form (page 2).

I hereby swear or affirm that all the information provided in the submitted application is true and accurate, to the best of my knowledge.

_____ _____

Signature of the Applicant Type or print name

Hillsborough County Florida
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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: _____