



Zoning Interpretations Application

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



**Hillsborough
County Florida**

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

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 Zoning Interpretation

Per [Hillsborough County Land Development Code Section 11.01.01](#), an interpretation of the text of the LDC and the official zoning atlas may be requested by any resident, landowner or any person having a contractual interest in land in unincorporated Hillsborough County.

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@HCFLGov.net. 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@HCFLGov.net.

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	<input type="checkbox"/>	<input type="checkbox"/>	<u>Application form</u> (included in this package)
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. If property is owned by a corporation, submit the Sunbiz information indicating that you are authorize 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 .
5	<input type="checkbox"/>	<input type="checkbox"/>	Written Statement (identify the specific issue or provision that requires interpretation and explanation and why the interpretation is needed.)
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"/>	Copy of Current Recorded Deed(s) for the subject property
9	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Information (optional)