Rezoning Pre-Submittal Review Request

Hillsborough County Florida
Development Services

Important Instructions to All Applicants:

Please use this application if you would like staff to conduct a Pre-Submittal Review of your proposed project prior to formally submitting your application. This application must be completed in its entirety and emailed to ZoningHelp@HCFL.gov. Staff will evaluate your submission and provide a response. Upon review of your request, you may also be contacted for additional information.

Additionally, your request may require a review from other agencies which may provide additional comments.

The responses received based on this submission are not meant as a final binding determination but rather as an aid on how to proceed. Your application must still be submitted and complete the quasi-judicial process.

Please note: Upon filing an application for a Planned Development (PD) or Major Modification (MM), a formal Sufficiency Review with staff will be conducted to provide comments as part of the case review and evaluation.

Applicant Information

Property Owner: _____ Phone: _____

Applicant/Representative: _____ Phone: _____

Applicant/Representative Email: _____

Property/Project Information

Project Address/Intersection: _____

Folio Number of all parcels: _____
Please go to HCPAFL.org to obtain the Folio Number of the property.

Section/Township/Range: _____ Total Acreage: _____ Current Zoning District(s): _____

Future Land Use: _____ Proposed Use(s): _____

Case Information

1. Have you been cited for a code violation? ❑ Yes ❑ No
   (if Yes, please include a copy of the violation notice)

2. What is the **Current Use** of the property(ies)? Specify all uses, size of existing structure(s) if any, number of dwelling units, etc.

_____

_____

_____

_____

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3. What is the **Proposed Use** of the property(ies) that you would like to rezone? Provide as much detail as possible to better advise you, i.e., projected use, floor space, number of dwelling units, number of people using the property, design features, etc.

_____

_____

_____

_____

4. Please provide additional information that you think will be valuable for staff.

_____

_____

_____

_____

5. If the property is zoned PD, do you have a copy of the site plan and approved conditions:

❑ Does not apply ❑ Yes ❑ No

6. Are there any questions you have that you would like staff to address in their response to this review?

_____

_____

_____

_____

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

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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: _____

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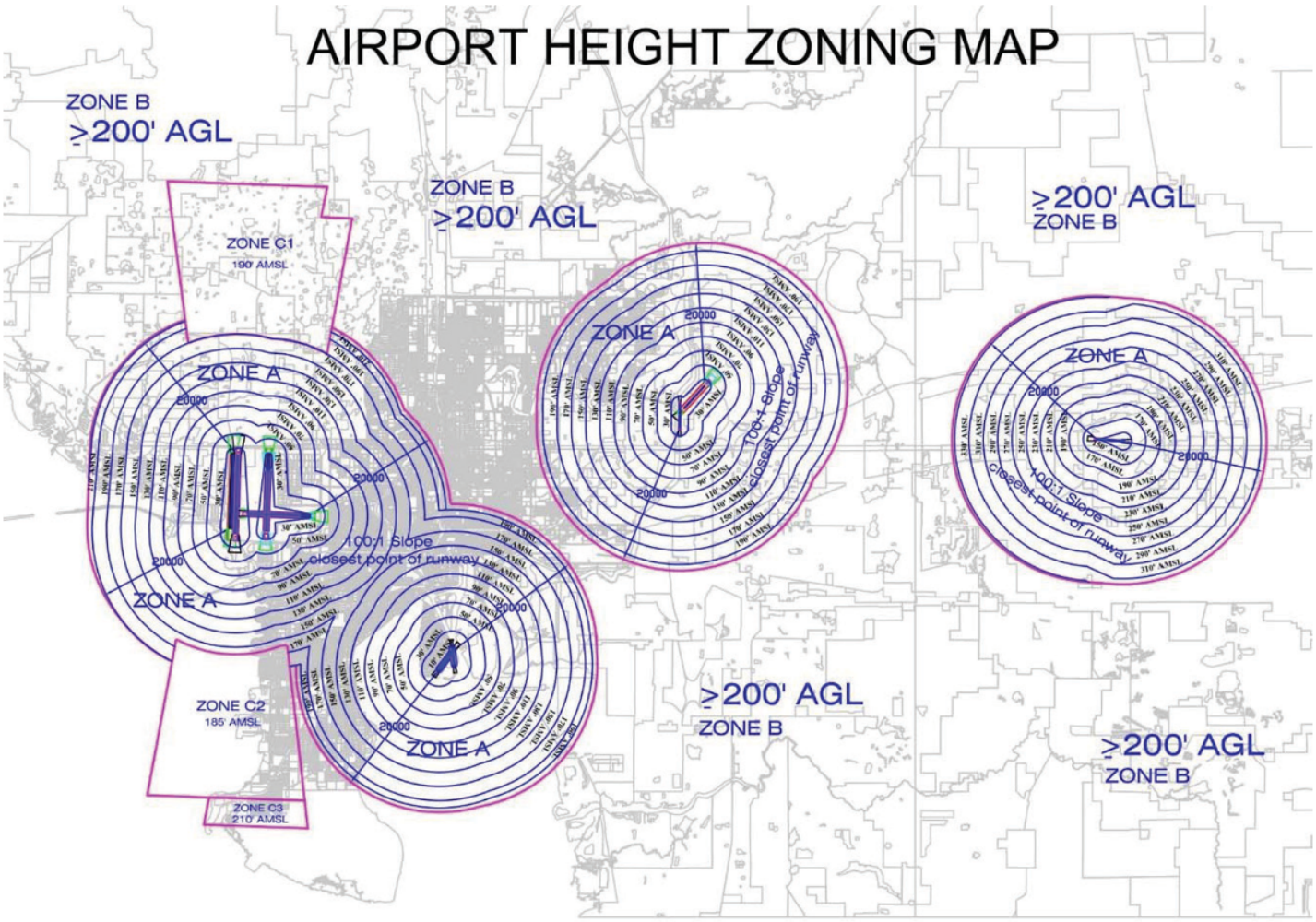
Airport Hazard Evaluation

(Effective June 1, 2017)

Properties located within the map areas depicted below may be subject to a separate Airport Height Zoning Permit approval process by 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 within 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: Sierra LePore, Director of Planning / Tampa International Airport
Phone: (813) 217-1806 E-Mail: slepore@tampaairport.com



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