

# Live Local Act Verification



**Hillsborough  
County Florida**  
Development Services

### Important Instructions to All Applicants:

Verification applications can be submitted via email to [zoningintake-DSD@HCFLGov.net](mailto:zoningintake-DSD@HCFLGov.net). You will receive a confirmation email within three business days that will also include payment instructions. If you do not receive this email within three business days, please email us at [zoningintake-DSD@HCFLGov.net](mailto:zoningintake-DSD@HCFLGov.net).

Verification letters are processed in the order received. Please allow thirty (30) business days for the review to be completed. Applications lacking required information may delay verification.

Once the review is complete, you will receive your verification letter via email.

**IMPORTANT:** This form is NOT for zoning sign-offs for for [Affordable Housing](#) not being sought through the Live Local Act. Please use the [appropriate form](#) for these requests.

### Official Use Only

Application No:

Intake Date:

Receipt Number:

Intake Staff Signature:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Folio Number of the property: \_\_\_\_\_

Please go to [HCPAFL.org](http://HCPAFL.org) to obtain the Folio Number of the property.

Site Address of the property: \_\_\_\_\_

**If you wish to inquire about separate properties, you must submit a separate request for each property.  
A fee payment will be required for each parcel.**

Once completed, the Zoning Verification Letter will be delivered by email only. If you wish to have the Zoning Verification Letter addressed to and/or emailed to a party other than the one identified above, please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

A written statement identifying the information sought for zoning verification and anticipated qualification under the Live Local Act must be included with this application. For Live Local Act details please visit [Floridahousing.org/live-local-act](http://Floridahousing.org/live-local-act) or [HCFLGov.net](http://HCFLGov.net).

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## Supplemental Information Required for Live Local Act Zoning Verification

Proposed Number of Units for the Project: \_\_\_\_\_

Are wetland areas present?  Yes  No

If yes, provide upland and wetland acreage: \_\_\_\_\_

Proposed maximum height/stories: \_\_\_\_\_

If maximum height is greater than 3 stories, is there a commercial or residentially zoned parcel within 1 mile with the same permitted height?:  Yes  No

**If yes, supporting documentation must be included in your submission.**

Is the parcel located within a Planned Development (PD)?  Yes  No

If yes, have the current available entitlements for the parcel been transferred to any other parcels within the PD?  Yes  No

**Please provide supporting documentation demonstrating the subject property has sufficient land availability for density calculations in your submission.**

I confirm that I have familiarized myself with the details regarding the Live Local Act. I understand that this application does not provide final approval, however it does allow my project to proceed to the next step.

**Please note that requests to revise completed Live Local Act Verification letters to include additional information that was not identified in your original request will not be granted and will require submittal of a new application and fee payment.**

For additional information regarding this application, contact:

- For submittal questions, please email [zoningintake-DSD@HCFLGov.net](mailto:zoningintake-DSD@HCFLGov.net)
- For determination of Compliance or Certificate of Occupancy information, call (813) 272-5600 ext. 1, then 2.
- For Zoning Violations, contact Hillsborough County Code Enforcement Department at (813) 274-6600.

To view the Hillsborough County Land Development Code visit <http://library.municode.com/index.aspx?clientId=12399&stateId=9&stateName=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 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: \_\_\_\_\_