

PLANNING AND DEVELOPMENT DEPARTMENT FLS & FLD APPLICATION

This application is <u>REQUIRED</u> for all Level One Flexible Standard Development (FLS) and Level Two Flexible Development (FLD) applications. All applications must be submitted online at: epermit.myclearwater.com

It is the responsibility of the applicant to submit complete and correct information. Incomplete or incorrect information may invalidate your application. All applications are to be filled out completely and correctly and submitted (including plans and documents, uploaded, processed and finalized) by 12 noon on the scheduled deadline date <u>2020 submittal calendar</u>. The applicant, by filing this application, agrees to comply with all applicable requirements of the Community Development Code. <u>Additional information on submittal requirements including worksheets and handouts, etc.</u>

FIRE DEPARTMENT PRELIMARY SITE PLAN REVIEW FEE:	\$200 (not applicable for detached dwelling or duplexes)
APPLICATION FEES:	\$100 (FLS – accessory structures associated with a single-family or duplexes)
	\$200 (FLS – detached dwellings or duplexes)
	\$475 (FLS – attached dwellings, mixed-use, and nonresidential uses)
	\$300 (FLD – detached dwellings, duplexes, and their accessory structures)
	\$1,205 (FLD – attached dwellings, mixed-use, and nonresidential uses)
Proporty Owner (Per Deed)	
Email:	
Eman:	
Annalisant (Duine and Cantact Na	
	ame:
Phone Number:	
Email:	
Address of Cubicat Dropoutry	
Address of Subject Property:_	
Parcel Number (s):	
Site Area (Square feet and Acr	res):
 	
Description of Request (must	include use , requested flexibility, parking, height, etc) :

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General Information

Provide the following general information on the proposed project. If not applicable mark N/A. The maximum permitted or required amounts are listed in the Zoning District in the Community Development Code which is available online at:

https://library.municode.com/fl/clearwater/codes/community_development_code

<u>Dwelling Units</u> : A dwelling unit is a building or portion of a build for one family including the provision for living,	
Max. Permitted:	Proposed:
Hotel Rooms: A hotel room is an individual room, rooms or sui use designed to be occupied, or held out to be occupancy.	<u> </u>
Max. Permitted:	Proposed:
Parking: List parking spaces. Parking spaces must meet the Development Code (CDC) including location, mat prohibited for most uses.	
Required:	Proposed:
Floor Area Ratio (FAR): Do not include parking garages, carports, stairwe multiplying the length times the width dimension square feet. Do not include parking garages, carport required for residential only projects unless	n for each floor and should be expressed in ports, stairwells and elevator shafts. FAR is
Max. Permitted:	Proposed:
Impervious Surface Ratio (ISR): ISR means a measurement of intensity of hard surface that is not grass or landscaped areas surface ratio is the relationship between the total the total lot area. Link to additional information is	on private property. An impervious l impervious versus the pervious areas of
Max. Permitted:	Proposed: Please list percentage % and square feet.

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General Applicability Criteria
Provide complete responses to each of the six (6) General Applicability Criteria of Community

De	velopment Code Section 3-914.A.1 through 6, explaining how, IN DETAIL, the criteria is met. Use ditional sheets as necessary:
1.	The proposed development of the land will be in harmony with the scale, bulk, coverage, density and character of adjacent properties in which it is located.
2.	The proposed development will not hinder or discourage the appropriate development and use of adjacent land and buildings or significantly impair the value thereof.
3.	The proposed development will not adversely affect the health or safety or persons residing or working in the neighborhood of the proposed use.
4.	The proposed development is designed to minimize traffic congestion.
	The proposed development is consistent with the community character of the immediate vicinity of e parcel proposed for development.
6.	The design of the proposed development minimizes adverse effects, including visual, acoustic and olfactory and hours of operation impacts, on adjacent properties.

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Flexibility Criteria or Use Specific Criteria

Provide complete responses to the applicable flexibilitiy criteria (or use specific criteria in US 19 and Downtown Zoning Districts). These criteria are specific to the use and the Zoning District of the subject property and are part of the Community Development Code available online at municode.com: https://library.municode.com/fl/clearwater/codes/community_development_code
If you need help finding the criteira or standards please contact a Development Review Planner at the Zoning Line 727-562-4604. Use additional sheets as necessary:

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Affidavit of Ownership If multiple owners or properties, multiple affidavits may be required.

1.	Provide names of all property owners	on deed – PRINT full names:		
2.	That (I am/we are) the owner(s) and	record title holder(s) of the following described property:		
3.	That this property constitutes the pro	operty for which a request for (describe request):		
4.	That the undersigned (has/have) app	ointed and (does/do) appoint:		
	as (his/their) agent(s) to execute an petition;	ny petitions or other documents necessary to affect such		
5.6.	the above described property; That site visits to the property are necessary by City representatives in order to process this application and the owner authorizes City representatives to visit and photograph the property described in this application;			
7.	7. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.			
	Property Owner	Property Owner		
	Property Owner	Property Owner		
STATE OF FLORIDA, COUNTY OF PINELLAS				
BEFORE ME THE UNDERSIGNED, AN OFFICER DULY COMMISSIONED BY THE LAWS OF THE STATE OF FLORIDA, ON				
		, PERSONALLY APPEARED		
WHO HAVING BEEN FIRST DULY SWORN DEPOSED AND SAYS THAT HE/SHE FULLY UNDERSTANDS THE CONTENTS OF THE AFFIDAVIT THAT HE/SHE SIGNED.				
Not	ary Seal/Stamp	Notary Public Signature My Commission Expires:		

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