

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: <u>epermit.myclearwater.com</u>

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 *submittal calendar*. The applicant, by filing this application, agrees to comply with all applicable requirements of the Community Development Code. *Additional information on submittal requirements including worksheets and handouts, etc.*

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)			
Property Owner (Per Deed):				
Phone Number:				
Email:				
Applicant/Primary Contact Na	me:			
Company Name:	· · · · · · · · · · · · · · · · · · ·			
Phone Number:				
Email:				
Address of Subject Property:				
Parcel Number (s):				
· ·				
Site Area (Square feet and Acre	es):			
Future Land Use:				
Description of Request (must include <u>use</u> , 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 building providing independent living facilities for one family including the provision for living, sleeping, and complete kitchen facilities.
Max. Permitted: Proposed:
Hotel Rooms: A hotel room is an individual room, rooms or suite within an overnight accommodations use designed to be occupied, or held out to be occupied as a single unit for temporary occupancy.
Max. Permitted: Proposed:
Parking: List parking spaces. Parking spaces must meet the requirements of the Community Development Code (CDC) including location, materials and dimensions. Back out parking i prohibited for most uses.
Required: Proposed:
Floor Area Ratio (FAR): Do not include parking garages, carports, stairwells and elevator shafts. Area is found by multiplying the length times the width dimension for each floor and should be expressed i square feet. Do not include parking garages, carports, stairwells and elevator shafts. FAR is not required for residential only projects unless in US 19 Zoning District.
Max. Permitted: Proposed:
Impervious Surface Ratio (ISR): ISR means a measurement of intensity of hard surfaced development on a site, basically any surface that is not grass or landscaped areas on private property. An impervious surface ratio is the relationship between the total impervious versus the pervious areas of the total lot area. Link to additional information including ISR worksheet.

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Proposed:

Please list percentage % and square feet.

Max. Permitted: _____



General Applicability Criteria

Provide complete responses to each of the six (6) General Applicability Criteria of Community Development Code Section 3-914.A.1 through 6, explaining how, IN DETAIL, the criteria is met. Use additional sheets as necessary:

1.	 The proposed development of the land will be in harmony with the scale, bulk, coverage, dens 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.	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.		
5. —	5. The proposed development is consistent with the community character of the immediate vicinity the 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 flexibility 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 criteria 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 property for which a request for (describe request):			
4.	That the undersigned (has/have) appo	ointed and (does/do) appoint:		
	as (his/their) agent(s) to execute ar petition;	ny petitions or other documents necessary to affect such		
5. 6.	the above-described property;			
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				
BE	FORE ME THE UNDERSIGNED, AN OFFICER	DULY COMMISSIONED BY THE LAWS OF THE STATE OF FLORIDA, ON		
	THIS DAY OF	,, PERSONALLY APPEARED		
	DEPOSED AND SAYS THAT HE/SHE FULLY	WHO HAVING BEEN FIRST DULY SWORN UNDERSTANDS THE CONTENTS OF THE AFFIDAVIT THAT HE/SHE SIGNED.		
Not	cary Seal/Stamp	Notary Public Signature My Commission Expires:		

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