

City of Temple Terrace



Guide to Special Approval of Use Application and Process

June 2018

SPECIAL APPROVAL OF USE: PROCEDURE OVERVIEW

A special approval of use may be applied for when a property owner wants to develop or redevelop property for a use that requires a special approval of use according to the City of Temple Terrace Land Development Code. The special approval of use is reviewed and approved based on compliance with specific requirements regarding parking, landscaping, building placement, drainage, access management, etc. for the proposed use. A public hearing is required before the City Council, which makes the final decision. From filing to final decision, the process typically takes a minimum of three (3) months. The planner assigned to your petition will be your main contact person throughout the process.

Step One The Property Owner/Applicant conducts a Pre-Application Conference with the Community Development Department staff to discuss the proposed project.

Step Two Property Owner/Applicant submits Special Approval of Use Application and supporting information/documents. Community Development reviews submitted materials and prepares documents for Agency/Committee Reviews.

Step Three Agency/Committee Review:

- The **Hillsborough County Community School Board** (reviews and reports on the application for consistency with School Concurrency Regulations if applicable).
- The **Hillsborough County City County Planning Commission** (reviews and reports on the application for consistency with City of Temple Terrace Comprehensive Plan).
- The **Development Review Committee** (comprised of representatives from the various City departments that review and report on the application based on their specific duties and responsibilities).

Step Four Public notice of the request will be done with a newspaper ad, posting of a sign, and a letter to property owners within 100 feet of the property 10 days prior to the public hearing.

Step Five The planner assigned to your petition will prepare a staff report for the City Council and schedules a meeting date before City Council. The City Council makes the final decision, taking into consideration the staff reports, and the testimonies of the staff, the petitioner, and the public. The required public hearing will be scheduled during regular City Council meetings, which are held the first and third Tuesday of each month.



SPECIAL APPROVAL OF USE APPLICATION

Application Number _____

Date: _____

Special Approval of Use – Schedule of Fees and Charges

No site plan review required	\$500.00*
Less than 5 acres	\$1,750.00*
5 – 10 acres	\$2,750.00*
10+ acres	\$4,250.00*
	*Plus Advertising Cost

* Advertising Cost is to pay for the legal advertisement required by Florida Statute in the local newspaper as well as notice to the surrounding property owners. These advertising requirements are performed by the City Clerk and the property owner will be billed separately by that department subsequent to advertising.

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Name of Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

NOTE: Please fill out the Authorized Agent Affidavit if the application is being applied for by someone other than the property owner.

PROJECT INFORMATION:

Project Name: _____ Address of Property: _____

Property Acreage: _____ Dimensions: _____ Area: _____

Proposed date for commencement of development of the property for the proposed use: _____

At the Pre-Application Conference, Community Development staff will provide you with the specific conditions of the Special Approval of Use based on your proposed use. Please explain on a separate sheet of paper how your project will comply with these specific conditions.

Please include the following information in the application package:

- Executed Special Approval of Use Application
- Application Fee
- Narrative description of the proposed use (i.e., hours of operation, number of tables, entertainment facilities, etc.)
- Floor plan of the proposed use
- Map or aerial photograph (to scale) showing existing uses of land within two hundred (200) feet of the proposed use
- Written Explanation of Compliance with conditions of the specific use approval
- Authorized Agent Affidavit (if applicable)
- Additional Owner Signature Sheet (if applicable)
- Ten (10) copies of the preliminary site plan in accordance with Section 12-378
- A Transportation Concurrency Application
- Traffic study (if applicable – determined after Transportation Concurrency Application reviewed by staff)
- Landscape Plan and Tree Survey (1:20 scale)
- Boundary Survey

Submittal requests may also require:

- Property Deed with Legal Description. Must be submitted in Microsoft Word format.
- Drainage Calculation and Proof of SWFMD Approval
- School Concurrency Application (for residential projects)
- Other miscellaneous coordination letters (TECO, SWFMD, etc.)

SIGNATURE OF APPLICANT/OWNER:

I hereby certify that I am (we are) owner(s) of record of the above described property or I (we) have written permission from the owner(s) of record (copy of authorized agent affidavit attached) to request this action. I hereby certify that the information submitted on this application is true and correct to the best of my knowledge at the time of application.

APPLICANT NAME & TITLE: _____

ADDRESS: _____

CITY/ST/ZIP: _____

SIGNATURE OF APPLICANT/OWNER

DATE

NOTE: All persons having a legal or equitable ownership interest in the property must sign the application. Publicly held corporations must provide the name and address of the corporation and principal executive officers.

ALL OF THE ABOVE INFORMATIONAL ITEMS ARE REQUIRED TO MOVE FORWARD



AUTHORIZED AGENT AFFIDAVIT

The undersigned, _____, as owner or officer of the owner of the real property located at _____; Folio No. _____ (“Property”) hereby appoints and grants authorization to _____ (“Authorized Agent”) to act on behalf of the owner with the City of Temple Terrace Community Development Department and other members of City staff while conducting activated related to the development of the above Property, including, but not limited to filing applications and obtaining development orders and permits. These activities specifically include signing all documents on behalf of the owner. Authorized Agent is to be considered an agent of the owner’s business and therefore the signature of said agent is binding on the owner and causes the owner to assume all responsibilities connected to or associated with the signature as they may relate to the Property.

The undersigned owner hereby relieves the City of Temple Terrace Community Development Department of, and agrees to hold the City of Temple Terrace Community Development Department harmless from, any and all responsibility, claims or other actions arising from or related to the Department’s acceptance of the Authorized Agent’s signature for permit/application and other development related activities. The undersigned owner understand that it is his/her sole responsibility to grant and terminate any such authorization and to ensure that the Department receives timely notice of any such grant or termination.

OWNER

AUTHORIZED AGENT

Owner’s First and Last Name

Authorized Agent’s First and Last Name

Owner’s Company and Title

Authorized Agent’s Company and Title

Signature of Owner

Signature of Authorized Agent

Notary for Owner’s Signature:

Notary for Agent’s Signature:

State of _____ County of _____

State of _____ County of _____

The foregoing was acknowledged before me this _____ day of _____, _____, by _____, who is personally known to me, or who produced _____ as identification.

The foregoing was acknowledged before me this _____ day of _____, _____, by _____ who is personally known to me, or who produced _____ as identification.

Notary Public Signature

Notary Public Signature

Print, Type, or Stamp Name of Notary
My Commission expires: _____

Print, Type, or Stamp Name of Notary
My Commission expires: _____

(SEAL)

(SEAL)



ADDITIONAL OWNER SIGNATURE SHEET

Application Number _____

I (we), the undersigned, attest and affirm that all representations made in this application are true and accurate to the best of my knowledge.

Name (Please Print)

ADDRESS: _____

Signature

Name (Please Print)

ADDRESS: _____

Signature

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me OR has produced _____ as identification.

(type of identification produced)

(Notary Public Signature)

Notary Stamp

(print, name of Notary Public)