



**CITY OF SARASOTA**  
**DEVELOPMENT APPLICATION**

**General Information**

[Please Print or Type]

**APPLICATION [PROJECT] NAME:** \_\_\_\_\_

**PROPERTY ADDRESS[ES]:** \_\_\_\_\_

**PARCEL ID NUMBER[S]:** \_\_\_\_\_

|   | EXISTING |  | PROPOSED |
|---|----------|--|----------|
| Zone District   |          |  |          |
| Total Acres / Sq. Ft.   |          |  |          |
| Estimated Construction Value<br>[Excluding land costs]  |          |  |          |
| <b>THE FOLLOWING MUST BE COMPLETED FOR TRAFFIC CONCURRENCY ANALYSIS AS APPLICABLE:</b>              |          |  |          |
| Use   |          |  |          |
| No. of Employees  |          |  |          |
| No. of Seats  |          |  |          |
| Hours of Operation  |          |  |          |
| Build-Out Date  |          |  |          |
| <b>THE FOLLOWING MUST BE COMPLETED FOR AMENDMENTS TO THE COMPREHENSIVE PLAN:</b>                    |          |  |          |
| Future Land Use Classification  |          |  |          |
| Attach a legal description of the property and a map outlining/showing the parcel.                  |          |  |          |
| <b>THE FOLLOWING MUST BE COMPLETED BY THE OFFICE OF THE CITY AUDITOR AND CLERK FOR ANNEXATIONS:</b> |          |  |          |
| The property is within the Urban Service Boundary:  | Signed:  |  | Print:   |

**ATTACH A PROJECT DESCRIPTION** including total bldg. sq. ft. and, where applicable, total retail and office sq. ft., number of residential units, and proposed parking.

**APPLICATION TYPE [CHECK ALL APPLICABLE]:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adjustment to Downtown Code<br><input type="checkbox"/> Staff <input type="checkbox"/> Planning Board | <input type="checkbox"/> Historic Designation  | <input type="checkbox"/> Site Plan Extension   |
| <input type="checkbox"/> Administrative Site Plan  | <input type="checkbox"/> Major Conditional Use/Amendment *                               | <input type="checkbox"/> Street / R-O-W Vacation *   |
| <input type="checkbox"/> Amendment to the EDCM/City Code   | <input type="checkbox"/> Minor Conditional Use/Amendment*                                | <input type="checkbox"/> Street Name Change  |
| <input type="checkbox"/> Annexation  | <input type="checkbox"/> Miscellaneous   | <input type="checkbox"/> Shared Parking Agreement  |
| <input type="checkbox"/> Appeal:   | <input type="checkbox"/> Off-Site Parking Agreement                                      | <input type="checkbox"/> TIF Funding Request   |
| <input type="checkbox"/> <input type="checkbox"/> BOA <input type="checkbox"/> Planning Board                                  | <input type="checkbox"/> Pre-Application Conference with<br>Development Review Committee | <input type="checkbox"/> <input type="checkbox"/> Downtown <input type="checkbox"/> Newtown    |
| <input type="checkbox"/> Boundary Adjustment   | <input type="checkbox"/> Preliminary Plat  | <input type="checkbox"/> Traffic Concurrence - Initial Review                                  |
| <input type="checkbox"/> Brownfield Designation  | <input type="checkbox"/> Proportionate Fair Share Agreement                              | <input type="checkbox"/> Traffic Concurrence Study   |
| <input type="checkbox"/> Certificate of Appropriateness  | <input type="checkbox"/> Provisional Use/Market or Sidewalk Cafe                         | <input type="checkbox"/> Urban Central Business District (Expedited)                           |
| <input type="checkbox"/> Community Workshop  | <input type="checkbox"/> Provisional Use Permit Extension                                | <input type="checkbox"/> Variance  |
| <input type="checkbox"/> Comprehensive Plan Amendment *  | <input type="checkbox"/> Regional Activity Center (Expedited)                            | <input type="checkbox"/> Variance Extension  |
| <input type="checkbox"/> Development Agreement   | <input type="checkbox"/> Rezone without Site Plan*                                       | <input type="checkbox"/> Variance - Limited for Historic Structures                            |
| <input type="checkbox"/> Development of Regional Impact [DRI]  | <input type="checkbox"/> Rezone with Site Plan*  | <input type="checkbox"/> Zoning Code Interpretation Letter:                                    |
| <input type="checkbox"/> Final Plat/Subdivision  | <input type="checkbox"/> Rezone Ordinance Amendment *                                    | <input type="checkbox"/> <input type="checkbox"/> Downtown <input type="checkbox"/> Outside DT |
| <input type="checkbox"/> "G" Zone Waiver *   | <input type="checkbox"/> R-O-W Encroachment Agreement- Major                             | <input type="checkbox"/> Zoning Code Confirmation Letter:                                      |
|  | <input type="checkbox"/> Site Plan / Site Plan Amendment                                 | <input type="checkbox"/> <input type="checkbox"/> Downtown <input type="checkbox"/> Outside DT |
|  |  | <input type="checkbox"/> Zoning Text Amendment [City Only]                                     |

- Check if this application is a **REVISION** (Amendment) to a previously approved application
- Check if applying for the Affordable Housing Fee Deferral Program and you are fee simple owner of the property

\* Community Workshop Required

|  |                                  |
|--|----------------------------------|
| <b>FOR USE BY THE OFFICE OF THE CITY AUDITOR AND CLERK</b> |                                  |
| <b>RECEIVED BY:</b> _____                                  | <b>APPLICATION NUMBER:</b> _____ |
| <b>DATE:</b> _____   | <b>AMOUNT PAID:</b> _____        |



**CITY OF SARASOTA**  
**DEVELOPMENT APPLICATION**

**GENERAL INFORMATION**

[Please Print or Type]

**I. PROPERTY OWNER, LESSEE, CONTRACT PURCHASER, OR APPLICANT [Circle One]:**

|                      |
|----------------------|
| Name/Title:          |
| Company Name:        |
| Company Address:     |
| City/State/Zip Code: |

|                            |
|----------------------------|
| Telephone No:              |
| Facsimile No:              |
| E-Mail Address (Optional): |
|                            |

**II. AGENT OF RECORD [IF ANY]:** The following individual is designated as the Agent of Record for the property owner, lessee, or contract purchaser and should receive all correspondence related to the application review and billing. [Billing information will also be sent to the above-named individual.]

|                      |
|----------------------|
| Name/Title:          |
| Company Name:        |
| Company Address:     |
| City/State/Zip Code: |

|                            |
|----------------------------|
| Telephone No:              |
| Facsimile No:              |
| E-Mail Address (Optional): |
|                            |

**III. THE UNDERSIGNED, AS THE PROPERTY OWNER, LESSEE, CONTRACT PURCHASER, OR APPLICANT [Circle One], acknowledges responsibility for all City expenses** associated with the referenced application(s) **including time spent by City Staff and Attorneys** through the date of issuance of a Final Certificate of Occupancy. [If same as #I above, note "Same". Not required for Pre-Application Conference with DRC.]

|                      |
|----------------------|
| Name/Title:          |
| Company Name:        |
| Company Address:     |
| City/State/Zip Code: |

|                            |
|----------------------------|
| Telephone No:              |
| Facsimile No:              |
| E-Mail Address (Optional): |
|                            |

I hereby certify that all information contained herein is true and correct.

**IV. Signed this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner, Lessee, Contract Purchaser, or Applicant [Circle One]

WITNESSES TO EXECUTION ON BEHALF OF APPLICANT

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness  
\_\_\_\_\_  
Print Name

If applicable, community workshop meeting desired date and time requested:

Location:

**Submit To: The Office Of The City Auditor And Clerk**  
**1565 First Street – Sarasota, Florida 34230**  
**Office Number: 941-954-4160 – Fax Number: 941-954-4113**  
**www.sarasotagov.com**