



FOR OFFICE USE ONLY

Approved Denied Approval with conditions below

Amount Paid: _____ Receipt #: _____

Development Services Director: _____

City of Green Cove Springs Application for Certificate of Land Development Regulations (LDR) Compliance

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

A. PROCESS

1. Zoning Approval (Certificate of LDR Compliance).
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax License, as required for type of development activity).
3. Pay Local Business Tax License Fee, if applicable.

B. PERMIT/LICENSE TYPE (CHECK ALL THAT APPLY):

- | | | |
|--|---|---|
| <input type="checkbox"/> Local Business Tax | <input type="checkbox"/> Commercial New | <input type="checkbox"/> Residential New |
| <input type="checkbox"/> Commercial Addition/Remodel | <input type="checkbox"/> Residential Addition/Remodel | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Pool/Spa Install | <input type="checkbox"/> Garage | <input type="checkbox"/> Screen Enclosure |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Sign | <input type="checkbox"/> Other: _____ |

C. PROJECT

1. Project/Business Name (if applicable): _____
2. Current Occupant: _____
3. Address of Subject Property: _____
4. Parcel ID Number(s): _____
5. Subdivision: Unit: Block: Lot: _____
6. Existing Use of Property: _____
7. Proposed Use of Property: _____
8. Type of Construction Proposed: _____
9. Number of Existing Structures on the Property: _____
10. Number of Striped Parking Spaces on Site: _____
11. Gross Square Footage of Building, Pool, etc.: _____
12. Unit/Suite Square Footage: _____

D. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (904) _____ FAX: (904) _____ e-mail: _____

I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I/We must comply with the current Florida Building Code through the Development Services Department and obtain any necessary permits.
2. I/We must comply with the requirements of the City of Green Cove Springs.
3. I /We must obtain a Local Business Tax License, if required.
4. I/We must meet parking standards and any use specific standards for the zoning district.
5. Falsifying information may result in the LDR Compliance Permit being revoked.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____
_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL _____

<p>Office Use Only:</p> <p>Review Date: _____</p> <p>FLUM: _____</p> <p>Zoning District: _____</p> <p>Max. Lot Coverage: _____ Lot Coverage Proposed _____</p> <p>Max. Height Allowed: _____ Height of Structures Proposed _____</p> <p>Setbacks: F _____ R _____ SR _____ SL _____ Not Applicable: _____</p> <p># of Parking Spaces Required: _____ # of Parking Provided _____</p> <p>Enclosed Garage: _____</p> <p>Accessory Use Height: _____</p> <p>Max. Fence Height Allowed: _____ Height of Fence Proposed _____</p> <p>Architectural Review Board Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Approval: _____</p> <p>Accessory Use: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, requirements met: _____</p> <p>Previous Site Plan Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Approval: _____</p> <p>Home Occupation: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Approval: _____</p> <p>Alcoholic Beverage License Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Application been submitted? _____</p> <p>FEMA Flood Zone: _____ BFE _____ FFE _____</p> <p>Located in Wellfield Protection Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments/Conditions of Approval: _____</p> <p>_____</p>
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