



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):

- Local Business Tax
 - Commercial Addition/Remodel
 - Pool/Spa Install
 - Storage Shed
 - Commercial New
 - Residential Addition/Remodel
 - Garage
 - Sign
 - Residential New
 - Fence
 - Screen Enclosure
 - 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: _____
 13. Property Acreage: _____
 14. Building Height (at peak): _____

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 _____

Office Use Only:

Review Date: _____

FLUM: _____

Zoning District: _____

Max. Lot Coverage: _____ Lot Coverage Proposed: _____

Max. Height Allowed: _____ Height of Structures Proposed: _____

Setbacks: F _____ R _____ SR _____ SL _____ Not Applicable: _____

of Parking Spaces Required: _____ # of Parking Provided: _____

Enclosed Garage: _____

Accessory Use Height: _____

Max. Fence Height Allowed: _____ Height of Fence Proposed: _____

Architectural Review Board Approval Required: Yes No If yes, Date of Approval: _____

Accessory Use: Yes No If yes, requirements met: _____

Previous Site Plan Approval: Yes No If yes, Date of Approval: _____

Home Occupation: Yes No If yes, Date of Approval: _____

Alcoholic Beverage License Required: Yes No Application been submitted? _____

FEMA Flood Zone: _____ BFE _____ FFE _____

Located in Wellfield Protection Zone: Yes No

Comments/Conditions of Approval: _____