



<b>FOR OFFICE USE ONLY</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Approval with conditions below
Amount Paid: _____	Receipt #: _____	
Planning & Zoning 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: \_\_\_\_\_
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 \_\_\_\_\_

<p><b>Office Use Only:</b></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>
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