



LIMITED USE PERMIT APPLICATION

Please type or print legibly (use blue or black ink). All blanks must be complete. Use N/A where not applicable.

Today's Date: _____

Project Name: _____

1)

Property Address				
City		State		Zip

2)

Property Owner's Name				
Mailing Address				
City		State		Zip
Contact Phone		Fax Number		
Cell Phone		E-mail		

3)

Agent's Name				
Mailing Address				
City		State		Zip
Contact Phone		Fax Number		
Cell Phone		E-mail		

4)

Agent's Name				
Mailing Address				
City		State		Zip
Contact Phone		Fax Number		
Cell Phone		E-mail		

5)

Property is generally located near the following streets:				
Size of subject property		+/- Acres		+/- Sq. Feet
Existing Zoning				
Present use of property				
Proposed use of property				

6)

The reason or basis for this request:				

7)	Number of existing structures on property and their present use is:		
	Present Use Structure #1		
	Present Use Structure #2		
	Present Use Structure #3		

8)	Any previous applications filed within last 12 months of subject property?		Yes		No	
	If yes, describe nature of previous request:					

10)	State the <u>exact legal description</u> of the property to be subdivided. (Copy of Warranty Deed or Tax Receipt showing ownership must be submitted with application)					
	Section		Township		Range	
	Alternate Key #					

PROPERTY OWNER & AGENT AFFIDAVIT*

DATE: _____

Before me, the undersigned authority personally appeared _____ (property owner's name), who being by me duly sworn on oath, deposes and says:

1. That said authority is the fee-simple owner of the property legally described in this application.
2. That said authority desires a LIMITED USE PERMIT to allow:

3. That said authority (property owner) has appointed _____ (agent's name) to act in his behalf to accomplish the above, and before me the undersigned authorized agent personally appeared and, being by me duly sworn on oath, deposes and says:
 - A. That he/she affirms and certifies that he/she understands and will comply with all ordinances, regulations, and provisions of the City of Leesburg, Florida, and that all statements and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official Records of the City of Leesburg, Florida, and are not returnable.
 - B. That the submittal requirements for the application have been completed and attached hereto as part of the application.
 - C. That the LIMITED USE PERMIT sign has been posted, in accordance with Section 4.18(B) ii of the City of Leesburg Land Development Code, for at least ten (10) days prior to the Planning and Zoning Manager's administrative decision and the scheduled meeting date at which the case may be considered by the Planning Commission (if required) and will remain posted until final determination.

***PROPERTY OWNER MUST SIGN AFFIDAVIT.
WHEN AGENT IS REPRESENTING CASE, BOTH AGENT AND PROPERTY OWNER MUST SIGN AFFIDAVIT.**

PROPERTY OWNERS' SIGNATURE

AGENT'S SIGNATURE

STATE OF FLORIDA
COUNTY OF LAKE

Sworn to (or affirmed) and subscribed before
me this _____ day of _____, 20_____,
by _____.

Sworn to (or affirmed) and subscribed before
me this _____ day of _____, 20_____,
by _____.

Personally Known _____ OR Produced ID _____

Personally Known _____ OR Produced ID _____

Type of Identification
Produced _____

Type of Identification
Produced _____

Notary's Signature

Notary's Signature

NOTARY SEAL

NOTARY SEAL

CHECKLIST FOR LIMITED USE PERMIT APPLICATION

Use this checklist to submit a completed application. All information listed below is required when applying for a LIMITED USE PERMIT.

1. ___ Filing Fee - \$120.00 (please make check payable to CITY OF LEESBURG).
2. ___ General application form (pg. 1 & 2).
3. ___ Authorization for property owner/agent representation (pg. 3).
4. ___ Copy of recorded Warranty Deed or current year Tax Receipt showing who the current fee simple titleholders (property owners) are.
5. ___ Map showing general location of the site.
6. ___ Site plan, drawn to an appropriate scale, on a maximum size 11" x 17" reproducible sheet, showing the following information:
 - ___ Project name, street location, and number.
 - ___ Size and shape of lot.
 - ___ North arrow, date, and scale.
 - ___ Name, address, telephone number of the property owner and petitioner.
 - ___ Location and dimensions of all existing and proposed structures, their intended use, and setback distances from all property lines and roadways.
 - ___ Size, location, and variety of trees to be removed and to be saved.
 - ___ Existing and proposed means of vehicle access to the property.
 - ___ Location of off-street parking and loading areas, showing the number of spaces and the dimensions of access aisles and driveways.
 - ___ Identify future expansion, if planned.

Staff use only

Is the site located within any of the following areas?					
	Historic District		TDO or CDO Overlay Districts		
	Greater Leesburg CRA		Carver Heights/Montclair CRA		

PROCEDURES

IMPACT FEE REVIEW

1. The proposed use of the property must be assessed to determine if there will be an increase in demand on the water or wastewater systems before submittal of the application. Any increase in demand on the water or wastewater systems will be subject to impact fees.

SUBMIT THE APPLICATION

2. A completed application shall be submitted to Leesburg Planning & Zoning Division based on the scheduled deadlines for each meeting. Contact the Planning & Zoning Division (352-728-9760) for deadline dates.
 - a. Upon receipt of a COMPLETE & CORRECT application, the Planning & Zoning Division shall notify (if required) by mail owners of all property lying within two hundred (200) feet of the property.
3. Failure to provide an accurate and complete application will result in automatic rejection and return of the application and delay of the hearing date.

SIGN POSTING

4. The staff on the Planning and Zoning Division shall post a sign on the site which shall be in plain view of the public, at least ten (10) days before the date of the administrative decision or public hearing (if required).

STAFF REVIEW

5. Staff will review the application and make a formal decision or recommendation to the Planning Commission (if required) at the scheduled Commission hearing. This recommendation is available for review by the public after it is provided to the applicant, usually one day after the required ten (10) days.

PLANNING COMMISSION MEETING (if required)

6. The property owner or authorized agent (authorization must be on file at the Planning & Zoning Division) must attend the Planning Commission meeting to represent the application and answer questions from the Commission.
7. If the application is approved, the applicant must meet all conditions of the application prior to approval of a business license for the location.

The signature below certifies that I have read and understand the permit application, checklist and procedures contained herein, and that this application is submitted in accordance with the checklist and procedures for the limited use permit requested.

Print Name	Applicant's Signature	Date