

PROJECT NO. _____

DATE: _____



**PASCO COUNTY
DEVELOPMENT REVIEW DEPARTMENT**

**ACCESS MANAGEMENT
ALTERNATIVE STANDARDS APPLICATION, SEC. 407.5.C**

PROJECT INFORMATION

Project Name: _____

Project No. (from Planning and Dev.): _____

Location by Description or Address: _____

Parcel Identification Number(s): _____

Zoning District: _____

PROPERTY OWNER INFORMATION

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

DEVELOPER INFORMATION

Name of Developer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

AGENT INFORMATION

Name of Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Mailed notice and posting is required 13 DAYS PRIOR TO HEARING to abutting property owners as per Section 304.

ALTERNATIVE STANDARD REQUEST

If additional space is needed, attach extra pages to the application.

Alternative Standard Request:

Section from the LDC	Required Amount	Proposed Amount	Waiver Amount
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DESCRIBE THE ALTERNATIVE STANDARD REQUEST

DEMONSTRATE COMPLIANCE WITH THE FOLLOWING

Please answer the following criteria for approval as per Section 407.5.C. If more than one alternative standard is requested, please address each request.

1. No feasible engineering or construction solutions can be applied to satisfy the regulation; or,

2. The proposed alternative standard will maintain or improve collector/arterial roadway capacity and travel times without increasing the number or severity of accidents; or,

3. Compliance with the regulation will deny reasonable access.

SUBMITTAL REQUIREMENTS

Required Items at Time of Application	
<input type="checkbox"/>	1. Complete Application Form, including owner/agent affidavit
<input type="checkbox"/>	2. Agent of Record, signed and notarized (if applicable)
<input type="checkbox"/>	3. Copy of Warranty Deed or other proof of ownership
<input type="checkbox"/>	4. Copy of last year's tax bill
<input type="checkbox"/>	5. Two signed and sealed legal descriptions and sketches (by a registered surveyor)
<input type="checkbox"/>	6. Two site plans depicting the site conditions One with the granting of the alternative standard One without the granting of the alternative standard
<input type="checkbox"/>	7. Copy of Notice of Violation (if a result of a notice of violation)
<input type="checkbox"/>	8. Alternative Standards Fee: a. Base Fee, Application Review \$1200.00 plus \$25.00 Technology Fee. b. Each Alternative Standards Request \$200.00. c. For determination by the BOCC where otherwise BOCC approval is not required pursuant to Section 407.5 or those that are required to go to the DRC Section 901.1:\$400.00. Check made payable to: Pasco County Board of County Commissioners.
Required Items Prior to the BOCC Hearing	
	Proof of Public Notice, per Section 304.3
<input type="checkbox"/>	1. Copy of the mailed notices sent to the property owners 14 days prior to the hearing
<input type="checkbox"/>	2. Mailing list
<input type="checkbox"/>	3. Proof of Mailing
<input type="checkbox"/>	4. Proof of Posted Notice, per Section 304.3 (pictures)
<input type="checkbox"/>	5. Notarized affidavit attesting to providing public notice

No application for review shall be deemed complete until all required information is provided.

OWNER/AGENT AFFIDAVIT

I certify that all the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

I consent to the entry in or upon the premises described in this application by any authorized official of Pasco County for the purpose of posting, maintaining, and removing such notices as may be required by law.

APPLICANT'S SIGNATURE: _____

APPLICANT'S REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared, _____
_____ and is (personally known to me or has provided the following
identification) who being by me first duly sworn, under oath, deposes and states as follows:

1. That she/he/they has/have filed an alternative standard application on property (Parcel ID No. _____
_____) in the unincorporated area of Pasco County,
which, if approved, would allow the developer(s) to: _____

2. That I hereby acknowledge that the alternative standard, if approved, shall not:
 - a. Constitute authorization to begin construction.
 - b. Exempt the project from certification of Level of Service compliance.
 - c. Obligate the County to provide additional services and facilities.

FURTHER AFFIANT SAYETH NOT.

AFFIANT _____ AFFIANT _____

SWORN to and subscribed before me this _____ day of _____, _____.

My Commission Expires:

NOTARY PUBLIC
State of Florida at Large

AGENT OF RECORD LETTER

TO THE PASCO COUNTY DRD AND/OR THE BOCC:

I, _____ hereby designate and appoint _____ as my Agent of Record for the purposes of representing me during the Development Review Process and/or hearing processes with regard to: (Project Name and No.) _____.

My Agent of Record is hereby vested with authority to make any representations, agreements, or promises that are necessary or desirable in conjunction with the review process. My Agent of record is also authorized to accept or reject any conditions imposed by any reviewing board or entity.

DATE: _____

_____ APPLICANT/OWNER (SIGNATURE)	_____ APPLICANT'S REPRESENTATIVE (SIGNATURE)
_____ APPLICANT/OWNER (PRINT)	_____ APPLICANT'S REPRESENTATIVE (PRINT)
_____ APPLICANT/OWNER'S TITLE	_____ APPLICANT REPRESENTATIVE TITLE
_____ ADDRESS	_____ ADDRESS
_____ CITY, STATE, ZIP CODE	_____ CITY, STATE, ZIP CODE
_____ TELEPHONE NUMBER	_____ TELEPHONE NUMBER
_____ FAX NUMBER	_____ FAX NUMBER
_____ E-MAIL ADDRESS	_____ E-MAIL ADDRESS

STATE OF FLORIDA

COUNTY OF _____

I HEREBY CERTIFY that on this day personally appeared before me this _____(date), by _____(name of person acknowledging), who is personally known to me or who has produced _____(type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, _____.

My Commission Expires:

NOTARY PUBLIC
State of Florida at Large

NOTE: If an Agent of Record is to be designated, all property owners of the subject property must sign this form.