

PROJECT NO. _____
DATE: _____



**PASCO COUNTY
PLANNING AND DEVELOPMENT DEPARTMENT
DEVELOPMENT APPLICATION SERVICES**

GENERAL ALTERNATIVE STANDARDS APPLICATION, SEC. 407.5.B

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: _____

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.B. If more than one alternative standard is requested, please address each request.
Item 1 or 2 shall be met and all of 3, 4, and 5 shall be met.

1. The alternative standard meets or exceeds the intent and purpose of the Code requirement at issue.

2. No feasible engineering or construction solutions can be applied to satisfy the regulation.

3. The alternative standard does not adversely affect compliance with other Code provisions, development order(s), or permit(s).

4. The alternative standard is not in conflict with other mandatory substantive requirements of local, State, or Federal law.

5. The alternative standard is consistent with the applicable provisions of the Comprehensive Plan.

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. Fee

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 _____

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date) by _____ (name of person acknowledging) , who is personally known to me or who has produced _____ (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

(Title or rank)

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 PDD 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 _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ (date) by (name of person acknowledging) , who is personally known to me or who has produced (type of identification) as identification.

(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

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