CITY OF AVON PARK

110 E. Main Street, Avon Park, Florida 33825

SPECIAL EXCEPTION APPLICATION

| For office use only | |
|---|--|
| Case Number: | Date Received: |
| Amount of Fee: | Date Set for Public Hearing: |
| Receipt Number: | Date of Hearing Advertised: |
| PLEASE PRINT OR WRITE sheets, if necessary. If not appl | E CLEARLY ALL INFORMATION. Attach additional icable, mark as such. |
| Owner Information Name of Property Owner: | |
| | |
| Home Telephone: | Work Telephone: |
| Email Address: | |
| If Other than Owner: Name of | Applicant (Agent), mailing address, email address, |
| telephone number and relations | ship: |
| | |
| Property Information Property Address/Location: | |
| | |
| | :: Current Zoning: |
| Size of Property: Width Water frontage (if applicable) _ | feet, Depth feet, Street frontage feet feet, Total acres |
| Current Use of Property: | |
| Legal Description of Property: | |
| | |
| | as a result of a code violation notice? Yes No If |
| | |
| | r appeal been filed within the last year in connection with If Yes, briefly state the nature of the application or |

| Proposed Use Description of Request: | |
|--|-----|
| _ | se: |
| | |
| Existing Use of Property: | |
| Proposed Use of Property: | |
| Hours of Operation: | |
| Numbers of Residents: | |
| Other Conditions on the Use: | |
| | |
| Area of the Property: | |
| Pervious Areas: | |
| Impervious Areas: | |
| Existing Structures: | |
| Proposed Structures: | |
| Existing Floor Area Ratio | |
| Proposed Floor Area Ratio | |
| | |
| Number of Required Off-Street Parking: | |
| Number of Provided Off-Street Parking: | |
| Number of Loading Spaces: | |
| Existing Density: | |
| Proposed Density: | |
| Number of Existing Units: | |
| Number of Proposed Units: | |

Required Attachments

- o 10 Sets of: Survey of Property (a copy of a land survey by a Florida registered land surveyor)
- o 10 Sets of: A site plan drawn to scale showing all setbacks, any pertinent information related to the request, exact location of existing and proposed structures, and location map. Must include a North marker.
- o Map of properties (a drawing, sketch, plat or tax map) within 300 feet of the property covered in the application. Scale should be at 1" = 200'.
- o Copies of all other permits or permit applications, if applicable to request.
- Certificate of Mailing showing letters were sent to property owners within three hundred (300) feet.
- o Concurrency Evaluation Application (attached).

OWNER'S AFFIDAVIT

| I,say that I am the OWNER of the p | , being first dul | y sworn, depose and |
|---|---------------------------------|--------------------------|
| the proposed hearing; that all the | answers to the questions in thi | s application, and all |
| sketches, data and other supplemental application, are honest and true to the | he best of my knowledge and be | elief. I understand this |
| application must be completed and understand that it is my obligation | | |
| recorded deed restrictions or cove standard, and that any action of this | nants that are more restrictive | or impose a higher |
| Printed Name of Owner | Signature of Ov | vner |
| Address: Number and Street (P.O. E | Gox) City and State (| Zip Code) |
| STATE OF FLORIDA, HIGHLA | NDS COUNTY | |
| The Foregoing instrument was ackn | | |
| by and Name | | |
| known by me or who has produced | and | 2 |
| | Document | Document |
| respectively, as identification and w | ho did (did not) take an oath: | |
| | Signature | |
| | | , Notary Public |
| | Print Name | , riotary r dolle |
| | State of Florida | |
| | My Commission Expires: | |

AGENT'S AFFIDAVIT

| I, | | , being first du | |
|---|--|--|---------------------------|
| say that I am described and wi | hich is the subject ma | N-FACT, AGENT or LES atter of the proposed hearing | ; that all the answers to |
| - | * * | l all sketches, data and other | 11 2 |
| | • | application, are honest and this application must be considered. | 2 |
| _ | | also understand that it is m | - |
| | | recorded deed restrictions or of | |
| | | dard, and that any action o | of this Board does not |
| supersede those | requirements. | | |
| | | | |
| Printed Name of | Agent | Signature of Agent | |
| Address: Numbe | er and Street (P.O. Bo | City and State | (Zin Code) |
| | 1 4114 54144 (1.0.20 | | |
| | - min 201000 (1.0.20 | | |
| | 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | |
| | ORIDA, HIGHLAN | | |
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| STATE OF FLOT The Foregoing in by by known by me or | ORIDA, HIGHLAN Instrument was acknow and Name who has produced dentification and who | wledged before me this who are and Document o did (did not) take an oath: | Document, |

APPLICATION FOR CONCURRENCY EVALUATION City of Avon Park

This application, together with <u>all required attachments</u>, shall be completed and filed with the Development Director prior to making application for site development plan, subdivision, or building permit approval. A finding of non-deficiency only entitles the owner to apply for development permits pursuant to the time parameters established in Article 6 of the City of Avon Park Land Development Code.

Type or Print the following information.

| Owner | | Applicant | |
|--|------------------------|----------------------------|--|
| Address | | Address | |
| Zip | | | Zip |
| Phone # | | Phone # | |
| PROPERTY DESCRIPTION | | | |
| Adjacent Road(s) | | | |
| Township | Range | | Section |
| Subdivision Name | | Block | Lot/Parcel |
| Plat Book / Page Number (if applicable) | | | |
| PROPOSAL | | | |
| ☐ Site Development Plan ☐ Subdivis | ion | ☐ Building F | Permit |
| DEVELOPMENT INFORMATION | | | |
| Acreage / Lot Dimensions | | Zoning District | |
| ☐ Residential Development | | | |
| Type(s) of Units | | Maximum Numbe | r of Units |
| ☐ Non-Residential Development | | | |
| Specific Use(s) | | | Floor Area or Acreage* |
| | | | |
| | | | |
| | | | |
| | | | |
| * Other measures of intensity may be substituted as appropri | ate for the proposed u | use, such as number of stu | dents (schools), seating capacity (places of worship and |

CONCURRENCY EVALUATION WORKSHEET

| TRANSPORTATION FACILITIES | | | |
|---|----------------------------------|--|--|
| Primary Access Street(s) | | | |
| Classification | Current PHT | | |
| Current V/C and LOS | Adopted LOS Standard | | |
| Required facility improvement scheduled in: 5-Year Schedule of Capital Improvements FDOT 5-Year Work Program (no later than 3rd year) No facility improvement needed | | | |
| Potential PHT generated by development | V/C ratio & LOS with development | | |
| Further evaluation of traffic impacts needed $\hfill\Box$ | Yes | | |
| POTABLE WATER FACILITIES | | | |
| Is proposed development within an existing potable water service area? Yes (Capacity Certification attached) Supplier of potable water service No | | | |
| Are facility expansions or improvements needed to service the development? Yes Needed facilities included in 5-Year Schedule of Capital Improvements Needed facilities will be provided by applicant Needed facilities will be provided by other means (explain below) | | | |
| SANITARY SEWER FACILITIES | | | |
| Is proposed development within an existing sanitary sewer service area? Yes (Capacity Certification attached) Supplier of sanitary sewer service No (Attach copy of Septic Tank Permit) | | | |
| Are facility expansions or improvements needed to service the development? Yes Needed facilities included in 5-Year Schedule of Capital Improvements Needed facilities will be provided by applicant Needed facilities will be provided by other means (explain below) | | | |
| PARKS AND RECREATION FACILITIES (Residential propos | cale auto) | | |
| Potential population of development proposal | ones only) | | |

| Existing Level of Service | Level of Service based on proposal's potential |
|--|--|
| Additional recreation property/funding required to service develop | pment |

AVON PARK PLANNING & ZONING FEE SCHEDULE

| Comprehensive Plan Amendment or Rezoning* | |
|---|----------|
| Up to 10 acres | \$350.00 |
| 10 - 50 acres | 450.00 |
| 50 acres and up | 650.00 |
| Text Amendment | 650.00 |
| Special Exception* | 250.00 |
| Conditional Use Permits | 250.00 |
| Variance (Multi-Family and Commercial)* | 250.00 |
| Variance (Single-Family Residential)* | 125.00 |
| Site Plan Review | 500.00 |
| Plat Review | 500.00 |
| Vacating of Right-of-Ways, Property, or Road Closing* | 250.00 |
| Concurrency Review | |
| Subdivision under 26 lots | 250.00 |
| 27+ lots | 500.00 |
| Commercial/Industrial Property | 650.00 |
| Appeals of Administrative Decisions | 650.00 |
| Documents | |
| Comprehensive Plan | 30.00 |
| Land Development Regulations | 30.00 |
| Zoning Map | 20.00 |
| Any Document by the Page | 0.15 |

^{*} Base cost. Additional costs for review will be assessed as necessary. The cost of newspaper notice and notice to surrounding property owners will be assessed. All additional costs must be paid prior to final approval.