



CITY OF NORTH PORT

Development Services
Planning Division
4970 City Hall Boulevard
North Port, FL 34286-4100
www.northportfl.gov
Phone (941) 429-7156

DATE RECEIVED – DATE STAMP

Special Exception Packet

The following items are to be included in the submission:

- Special Exception Application
- Affidavit(s)
- Special Exception Checklist
- Special Exception Fee Sheet
- Billable Fee Payment Agreement

Note

Please be advised that each application is considered a separate petition and will be reviewed as such. Packets will not be processed if incomplete or missing requested information.

If there is more than one property owner of the subject property, all owners must complete an affidavit.

There are additional costs included with this application. Fees for legal advertisements and adjacent property owner notifications will be billed to the applicant at actual cost. These costs shall be paid in full before any development orders/orders of approval are issued.



CITY OF NORTH PORT

Neighborhood Development Services
Planning Division
4970 City Hall Boulevard
North Port, FL 34286-4100
www.northportfl.gov
Phone (941) 429-7156

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SPECIAL EXCEPTION APPLICATION

Upon making any application to the City for any reason, the applicant agrees to comply with all the requirements of the Unified Land Development Code and further agrees to allow authorized city staff and personnel to enter and inspect the property during normal business hours

The City Commission may approve Special Exceptions, subject to appropriate safeguards. When appropriate, the City Commission may waive or modify special regulations contained in the Unified Land Development Code on a case-by-case basis, to ensure that the special exception will promote the public health, safety, welfare, morals, order, comfort, convenience, appearance, prosperity or the general welfare

Project Name: _____

Name of Applicant: _____

Name of Corporation/LLC (If Applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Property Owner: (if different from the applicant above) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Architect: (If Applicable) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Engineer: (If Applicable) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Attorney: *(If Applicable)* _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Surveyor: *(If Applicable)* _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Name of Contractor: *(If Applicable)* _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX No. _____ E-mail: _____

Property Description: *(Please list additional PID's on a separate sheet of paper) (Information can be found at <http://www.sc-pa.com/testsearch/>)*

Parcel I.D. No(s): 1. _____ - _____ - _____ 2. _____ - _____ - _____

Legal: Lot(s): _____ Block: _____ Addition: _____ Tract or Parcel: _____

Subdivision: _____

Section: _____ Township: _____ Range: _____ Acreage: _____

Street Address: _____

Purpose of Application: Please briefly state what the intended use of the property will be or why you are making this application (e.g. general project description).

Has this property undergone previous City development review and approval?

No: _____ Yes: _____ If yes, when? (Month/Date/Year) _____

Existing land use (e.g., house, commercial structure, vacant): _____

Surrounding existing land uses/zoning of adjacent properties:

North: _____

South: _____

East: _____

West: _____

Adopted Future Land Use Map Designation: _____

Adopted Zoning Map Designation: _____

Is the property located in an Activity Center or Town Center? Yes _____ No _____ If yes, please indicate which one _____

Provide the following information relative to the proposed development: (Answer all that apply)

- _____ Total acres
 - _____ Total wetland acres
 - _____ Total commercial acres
 - _____ Total residential acres
 - _____ Total government acres
 - _____ Total industrial acres
 - _____ Total park acres
 - _____ Total number of lots
 - _____ Total number of buildings
 - _____ Floor area ratio or dwelling units / acre
 - _____ Percentage of lot coverage by buildings
 - _____ Building height measured in feet
 - _____ Minimum depth of property
 - _____ Minimum width of property
 - _____ Total maximum surface area of all impervious surfaces
 - _____ Percentage of lot coverage of all impervious surfaces
 - _____ Number of off-street parking spaces
 - _____ Number of handicapped parking spaces
 - _____ Drive-thru access (please check if applicable)
 - _____ Percentage of acres devoted to open space and storm water requirements
- | |
|---|
| _____ Total building square footage of commercial use |
| _____ Total number of residential units |
| _____ Total building square footage of government use |
| _____ Total building square footage of industrial use |

FIRE & RESCUE:

Nearest Fire Hydrant: _____ (feet)

TRAFFIC:

List the Roadways immediately serving the site:

Nearest: Traffic Control Light: _____ (feet) Stop Sign: _____ (feet)

UTILITIES:

How will Potable Water service be provided? Please contact North Port Utilities (941) 240-8000.

- _____ Private Well (Submit a letter or application from the Sarasota County Department of Health.)
- _____ North Port Utilities (Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)

How will Sanitary Sewer service be provided? Please contact North Port Utilities (941) 240-8000.

- _____ Private Septic System (If property is located in the Conservation Restricted Overlay Zone a class 1 aerobic water treatment system is required for single family home sites. Submit a letter or application the Sarasota County Department of Health.)
- _____ North Port Utilities (Please provide a letter from the service provider stating that the proposed development is within their service area and that they have adequate capacity to serve the proposed development.)

STORMWATER: Please contact the City Stormwater Manager/Environmentalist at (941) 240-8321.

(Flood Information can be found at www.northportfl.gov Search: Flood Update)

Is the application site in a FEMA Hazardous Flood Zone? No: _____ Yes: _____

If yes, what zone? _____

Is the application site in the Conservation Restricted Zone? No: _____ Yes: _____

If yes, what zone? _____

Is the application site in the Big Slough Watershed Flood Zone? No: _____ Yes: _____

If yes, what is the 100-year 1-day flood elevation? _____ ft. NGVD

Does the application site contain wetlands? Yes _____ No _____ If yes, existing wetland acres: _____

Has the Departmental of Environmental Protection been notified of wetlands? Yes _____ No _____

Is the property located in the Myakka River Protection Zone? No: _____ Yes: _____

Is the property adjacent to the Myakka River jurisdictional wetlands? No: _____ Yes: _____

(If yes, please provide acreage and map of the area and schedule a meeting with City Stormwater Manager/Environmentalist.)

ENVIRONMENTAL:

Are there any known Historical or Archaeological sites on the property?

(If unsure, please contact Sarasota County – Division of Historical Resources, (941) 316-1115.)

No: _____ Yes: _____ Please describe: _____

Has an Environmental Assessment Report/Review been prepared for this property?

No _____ Yes _____ Date survey was conducted: _____

Does the property contain gopher tortoise burrows, scrub jay habit, or any plant or animal species listed as “rare”, “threatened”, “endangered”, or “species of special concern” by State and /or Federal agencies? If yes, the applicant will be required to produce documents on how listed species or habitats will be protected or managed at the Site Development stage.

No: _____ Yes: _____ Please indicate which ones: _____

***All of the information provided on this application is true and correct to the best of my knowledge.**

Signature of Applicant

Date

Print Applicant Name

Checklist of Required Submittal Items:

SPECIAL EXCEPTION

Please digitally submit the following to developmentpetitions@northportfl.gov:

- Exhibit A: Project Narrative** (Narrative shall include responses to Sec 53-259. A.(3)(a-p) of the Unified Land Development Code)
- Exhibit B: Area Map**
- Exhibit C: Boundary survey** (A legal description and boundary survey signed and sealed by a registered land surveyor in the State of Florida.)
- Exhibit D- Title Assurance/ Current Deed**
- Exhibit E- Articles of Corporation/Articles of Organization** (If Corporation or LLC is applicable)
- Exhibit F: Development Master Plan**
- Exhibit G- Signs and Lighting Plan**
- Exhibit H- Landscaping (Screening & Buffering) & Tree Protection Plan**
- Exhibit I: Certification of payment of taxes and assessments**
- Exhibit J: Utilities availability letter**
- Exhibit K: Traffic Impact Statement**
- Digital files:** The entire submittal package in PDF format to PlanningInfo@cityofnorthport.com. Also, please submit all project related spatial information in either CAD .dwg , GIS Shapefile or File Geodatabase format as well. The data must have coordinates in at least 4 corners of the petition area. The Coordinate system must be: A Projected Coordinate System, State Plane, NAD 1983 StatePlane Florida West FIPS 0902 (US Feet).



CITY OF NORTH PORT

Special Exception Fee Sheet

Property Location (Address): _____

PID(s) #: _____

Special Exception Calculation

Fees	Additional Fees	Total
\$2,500	\$11 per acre ___ acres	
TOTAL		

-All fees should be made payable to the City of North Port. Fees must be paid prior to the processing of the submittal.

-Other billable fees will be assessed and will be required to be paid by the applicant as stated on the billable fee agreement.

Please contact Planning Staff if you have any questions, 941.429.7156

BILLABLE FEE PAYMENT AGREEMENT

I/WE agree to pay all the costs associated with processing this application petition. Payment is due within 10 days of receipt of an invoice, and all processing of the petition will stop if payments are not made within 10 days.

Name(s): _____

Billing Address: _____

Contact Number: _____

Contact E-mail: _____

I understand and agree to the conditions outlined in this agreement, and certify that all the information provided is correct.

Signature: _____

Witness: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Applicants are billed for Legal Advertisement costs and actual postage costs for Adjacent Property Owner notifications. Fees will vary based on size of advertisement selected by the local newspaper, and amount of property owners to be notified.

To be filled out by Planning Staff
Petition Number: ____ - ____ - ____

AFFIDAVIT

I (the undersigned), _____ being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and accurate to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be processed or hearing can be advertised, and that I am authorized to sign the application by the owner or owners. I authorize City of North Port staff and agents to visit the site as necessary for proper review of this application. *If there are any special conditions such as locked gates, restricted hours, guard dogs, etc., please provide the name and telephone number of the individual who can allow access.*

Sworn and subscribed before me this _____ day of _____, 20_____,

Signature of Applicant or Authorized Agent

Print Name and Title

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public

AFFIDAVIT AUTHORIZATION FOR AGENT/APPLICANT

I, _____, property owner, hereby authorize _____ to act as Agent on our behalf to apply for this application on the property described as (legal description) _____

Owner

Date

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public