



City of Alachua Application for Certificate of Land Development Regulations (LDR) Compliance

FOR OFFICE USE ONLY	
<input type="checkbox"/> Approved	Planner Signature: _____
<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Approved with conditions listed below	
Amount Paid: _____	Receipt Number: _____

You must have all information for your application to be considered complete. Incomplete applications will not be accepted.

A. PROCESS

1. Zoning Approval (Certificate of LDR Compliance)
2. Building Department Approval (Building Permit, Change of Use Permit, Change of Occupancy, and/or Local Business Tax Registration Form, as required for type of development activity).
3. Pay Local Business Tax, if applicable.

B. PERMIT/LICENSE/RECEIPT TYPE (CHECK ALL THAT APPLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Local Business Tax Registration | <input type="checkbox"/> Commercial New | <input type="checkbox"/> Residential New |
| <input type="checkbox"/> Mobile Home Install | <input type="checkbox"/> Commercial Addition | <input type="checkbox"/> Residential Addition |
| <input type="checkbox"/> Pool/Spa Install | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Screen/Glass Enclosure |
| <input type="checkbox"/> Storage Shed | <input type="checkbox"/> Barn | <input type="checkbox"/> Other: _____ |

PROJECT

1. Project/Business Name (if applicable): _____
2. Current Occupant: _____
3. Address of Subject Property: _____
4. Parcel ID Number(s): _____
5. Subdivision: _____ Unit: _____ Block: _____ Lot: _____
6. Existing Use of Property: _____
7. Proposed Use of Property: _____
8. Type of Construction Proposed: _____
9. Number of Existing Structures on the Property: _____
10. Number of Striped Parking Spaces on Site: _____
11. Gross Square Footage of Building, Pool, etc.: _____
12. Unit/Suite Square Footage: _____

C. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: () _____ FAX: () _____ e-mail: _____

I/We certify and acknowledge that:

1. Prior to receiving a final certificate of occupancy I /We must comply with the current Florida Building Code through the Building Department and obtain any necessary permits.
2. I/We must comply with the requirements of the Alachua County Fire Marshall.
3. I /We must obtain a Local Business Tax Receipt.
4. I/We must meet parking standards and any use specific standards for the zoning district
5. Falsifying information on this Application for Certificate of LDR Compliance may result in the Certificate of LDR Compliance being revoked.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____
_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL

Signature of Notary Public, State of _____

Office Use Only:

Review Date: _____

FLUM: _____

Tax Parcel Number: _____

Zoning District: _____

Setbacks: F _____ R _____ SR _____ SL _____ Not Applicable: _____

Parking Standard for Use Type: _____

Number of Parking Spaces Provided: _____

Use Specific Standards Applicable: Yes No If yes, LDR Section Number: _____

Accessory Use Standards Applicable: Yes No If yes, LDR Section Number: _____

Previous Site Plan Approval: Yes No If yes, Date of Approval: _____

Home Occupation: Yes No If yes, has "Home Occupation Addendum" to LBT

Alcoholic Beverage License Required: Yes No Application been submitted?

Change of Use Permit Required: Yes No

Flood Zone: _____ BFE _____ FFE _____

Located in Wellfield Protection Zone: Yes No

Comments/Conditions of Approval: _____

Sign and fill in the box located at the top right corner of page one (1).