



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

**FOR OFFICE USE ONLY**

☐ Approved **Planner Signature:** \_\_\_\_\_  
☐ Denied \_\_\_\_\_  
☐ 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 by means of \_\_\_\_ physical appearance or \_\_\_\_ online notarizaiton this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is \_\_\_\_ personally known to me or \_\_\_\_ who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

(SEAL)

**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 Application been submitted?

Alcoholic Beverage License Required: ☐ Yes ☐ No

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).**