

**SARASOTA COUNTY  
LDR EXEMPTION REQUEST FORM**

Application Fee: \$385.00

Application must be completely filled in, including the applicant's signature. Include 3 copies of the concept plan (NO LARGER THAN 11x17) and 1 copy of the application. As an alternative, the complete packet can be submitted by email in .pdf format to [mstephen@scgov.net](mailto:mstephen@scgov.net) and paying the fee by Credit Card using the applicable form. Submittals will be reviewed in approximately 5 working days.

Application Type         Subdivision  Commercial

Original Project Name \_\_\_\_\_

Property Appraiser's Identification Number: \_\_\_\_\_

Specific Address Of Site: \_\_\_\_\_

County: North     South             Subdivision: Public     Private

Intended Use: \_\_\_\_\_                      New Impervious: \_\_\_\_\_ (sq. ft.)

#Units: \_\_\_\_\_ #Stories: \_\_\_\_\_ Parcel Size: \_\_\_\_\_ (Acres)

#Parking Required: \_\_\_\_\_            New Parking Spaces: \_\_\_\_\_            Existing Parking Spaces: \_\_\_\_\_

Owner's Name: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_                      City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Representative/Applicant: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

(Receives County review responses)                      Fax: \_\_\_\_\_

Address: \_\_\_\_\_                      City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer of Record: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_                      City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip: \_\_\_\_\_

Email: \_\_\_\_\_                      Fax: \_\_\_\_\_

Planned Water Source:     Central: Utility Name \_\_\_\_\_                       Well  
Planned Sewer Facility:  Central: Utility Name \_\_\_\_\_                       Septic

\_\_\_\_\_  
Applicant's Original Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



Project Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**SARASOTA COUNTY  
LAND DEVELOPMENT SERVICES  
REVIEW FEE  
PAYMENT BY CREDIT CARD**

I, \_\_\_\_\_ **HEREBY AUTHORIZE**  
**SARASOTA COUNTY DEVELOPMENT SERVICES TO CHARGE THE DESIGNATED**  
**CREDIT CARD THE AMOUNT OF \$\_\_\_\_\_ FOR REVIEW FEES FOR THE**  
**ABOVE REFERENCED CASE NUMBER. THERE IS A \$2.50 TRANSACTION FEE**  
**THAT WILL BE ADDED TO THE FEE AMOUNT.**

\_\_\_\_\_  
COMPANY NAME (Please Print or Type)

\_\_\_\_\_  
COMPANY ADDRESS (Please Print or Type)

\_\_\_\_\_  
PHONE NO.

\_\_\_\_\_  
FAX NO.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

**PLEASE CHARGE APPLICABLE FEES TO :**

**MASTERCARD ACCT. NO.**    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    **EXP DATE** \_\_\_\_\_

**VISA CARD ACCT. NO.**    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    **EXP DATE** \_\_\_\_\_

**DISCOVER CARD ACCT. NO.**    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    **EXP DATE** \_\_\_\_\_