

ATTACHMENT CAP-A

APPLICATION FOR CRITICAL AREA PLAN OR AMENDMENT

1. **Applicant/Agent** (attach additional sheets as necessary):

Name: _____

Mailing Address: _____

Phone Number: _____

Planning Department Use

CAP Name: _____

CAP No. _____

Date Application Received: _____

2. **Property Owner(s)** (attach additional sheets as necessary):

3. Name: _____

4. Mailing Address: _____

5. _____

Phone Number: _____

3. **Lessee/Contract Purchaser:**

Name: _____

Mailing Address: _____

Phone Number: _____

4. **General Location:**

5. **Type of Critical Area Plan:**

6. A General description of Study Area of amendment in Sarasota: _____

a. Said CAP Areas contains _____ acres \pm

b. Present Zoning _____

7. Provide a brief description of the type and intensity of the development anticipated.

Indicate within this description any anticipated rezoning and/or special exception requests.

8. Provide at a minimum, the following exhibits to enable the Planning Department to accurately assess your application.

a. A map showing the proposed boundaries of the Study Area and/or amendment area for the CAP.

b. A proposed Scope of Work for preparing the CAP.

c. A locality map which indicates the relationship of the proposed Study Area within the County.

d. A recent, legible aerial photograph of the proposed Study Area.

- e. An ownership and parcel size map of the proposed Study Area and adjacent land within 300 feet of the boundary. Any small trees or land under one acre in size or within a platted subdivision can be exempted.
- f. A generalized existing land use map of the proposed Study Area and adjacent land within 300 feet of the boundary.

9. Specify any criteria from Section E of the CAP Regulations which is not appropriate for the CAP or amendment and explain why: _____

10. Provide any other information that Planning Staff should be aware of when assessing this CAP amendment:

Signed this ____ day of _____, 20____

Signature of Applicant:

BILLABLE FEE PAYMENT AGREEMENT

Petition Number: _____

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, including advances, are not made within 10 days. All funds that remain at the end of the processing will be returned to the entity which paid funds to the County. A petition is considered complete once the Board of County Commissioners has rendered a decision and the change has been recorded on the official zoning maps, or the petition has been withdrawn by the Applicant.

Name(s): _____

Billing address: _____

Employer: _____

Employer's phone: _____

Home address: _____

Home phone: _____

Drivers License No: _____ State _____

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

Signature: _____ Witness: _____

Print Name: _____ Print Name: _____

Applicants are billed for actual costs of processing the petition. Fees will vary depending upon the amount of staff time required and the cost of advertising the two required public hearings. The following initial fees shall be paid to the County at the time of submission for the following applications:

Comprehensive Plan amendments	\$5,000
Developments of Critical Concern	\$10,000
Critical Area Plans and amendments	\$7,500
Rezone Petitions	\$7,500
Special Exception Petitions	\$7,500

If costs exceed the initial deposit, the person designated as responsible for fee payment will be billed for additional expenses. Billing will include maintenance of a minimum escrow balance in addition to expenses incurred during the billing period. Please note payment is due within 10 days of billing, and that all processing of an application will stop if payment is not received within that period.

Upon completion of the process and recording of any final instruments the person named in the application as responsible for payment of fees should submit a written request for a refund of any remaining funds.