



Planning Department
100 South Myrtle Avenue
Clearwater, Florida 33756
Telephone: 727-562-4567
Fax: 727-562-4865

CASE NUMBER: _____
 RECEIVED BY (Staff Initials): _____
 DATE RECEIVED: _____

- SUBMIT ORIGINAL SIGNED AND NOTARIZED APPLICATION
- SUBMIT 14 COPIES OF THE ORIGINAL APPLICATION - Plans and application are required to be collated, stapled and folded into sets

* **NOTE: A TOTAL OF 15 SETS OF THIS APPLICATION AND ALL SUPPORTING DOCUMENTATION IS REQUIRED TO BE SUBMITTED IN CONJUNCTION WITH A COMPLETE LEVEL TWO APPLICATION.**

VESTED RIGHTS SUPPLEMENTAL APPLICATION

(Revised 03/31/2006)

~PLEASE TYPE OR PRINT~

A. APPLICANT, PROPERTY OWNER AND AGENT INFORMATION (Code Section 4-202.A):

APPLICANT NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ **FAX NUMBER:** _____

PROPERTY OWNER(S): _____
List ALL owners on the deed

AGENT NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ **FAX NUMBER:** _____
CELL NUMBER: _____ **E-MAIL ADDRESS:** _____

B. SUPPLEMENTAL SUBMITTAL REQUIREMENTS (Code Section 4-202.A):

- IDENTIFICATION, BY SPECIFIC REFERENCE, TO EACH PROVISION IN THE COMPREHENSIVE PLAN WITH WHICH THE DEVELOPMENT OR THE CONTINUED DEVELOPMENT OF THE PROPERTY APPEARS TO BE INCONSISTENT;
- IDENTIFICATION, BY SPECIFIC REFERENCE, TO ANY ORDINANCE, RESOLUTION OR OTHER ACTION OF THE CITY OR FAILURE TO ACT BY THE CITY, UPON WHICH THE APPLICANT RELIED AND WHICH THE APPLICANT BELIEVES SUPPORT THE OWNER'S RIGHT TO DEVELOP OR CONTINUE THE DEVELOPMENT OF THE PROPERTY, NOT WITHSTANDING AN APPARENT CONFLICT WITH THE COMPREHENSIVE PLAN OR THE DEVELOPMENT CODE;
- IDENTIFICATION OF APPLICABLE STANDARDS OR THRESHOLD GUIDELINES IN SECTION 4-609.F.;
- STATEMENT OF FACTS WHICH THE APPLICANT INTENDS TO PROVE IN SUPPORT OF THE APPLICATION; AND
- SUCH OTHER RELEVANT INFORMATION THAT THE COMMUNITY DEVELOPMENT COORDINATOR MAY REQUEST.

C. SIGNATURE:

I, the undersigned, acknowledge that all representations made in this application are true and accurate to the best of my knowledge and authorize City representatives to visit and photograph the property described in this application.

STATE OF FLORIDA, COUNTY OF PINELLAS
 Sworn to and subscribed before me this _____ day of _____, A.D. 20____ to me and/or by _____, who is personally known has produced _____ as identification.

 Signature of property owner or representative

 Notary public,
 My commission expires: