



**City of Apalachicola Planning & Zoning  
Application for Special Exception**

**Official Use Only**

Date Received: \_\_\_\_\_  
 Meeting Date: \_\_\_\_\_  
 Fees Due: \_\_\_\_\_  
 Date Fees Paid: \_\_\_\_\_

**OWNER INFORMATION**

**REPRESENTATIVE INFORMATION**

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROJECT TYPE**

Special Exception

**REQUEST STATEMENT: (State your special exception request in one sentence.)**

\_\_\_\_\_  
 \_\_\_\_\_

**PROPERTY INFORMATION**

Street Address (911 Address): \_\_\_\_\_  
 City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parcel ID #: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ [ ] Historic District [ ] Non-Historic District  
 FEMA Flood Zone: \_\_\_\_\_

**OFFICIAL USE ONLY**

Current Zoning: \_\_\_\_\_  
 Current Land Use: \_\_\_\_\_  
**STAFF NOTES/RECOMMENDATIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FEES**

**Quasi-Judicial Special Exception Request**

**\$1,600**

**NOTE: Please state in writing the full nature of the use or structure for which the special exception is being sought. Submit this application, statement, and any/all supporting material for the consideration of the request.** The fee for a Special Exception application is due at time of submission. This is a conceptual approval through the City based on our Land Development Code (LDC.) Please be aware that other documentation may be required by the Building Official.

## CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel numbers(s), and legal description(s) is(are) the true and proper identification of the area of this petition.
  
2. I/We authorize staff from the City of Apalachicola to enter onto the property in question during regular business hours in order to take photos which will be placed in the permanent file.
  
3. I/We understand that the application fee is due at the time of application submission, the payment is nonrefundable, and that payment does not guarantee a successful request.
  
4. I/We understand that the Planning & Zoning Board will be the governing body on all special exception requests. The Planning & Zoning Board reserves the right to table a decision and request more information from the applicant.
  
5. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 30 business days to process. I further understand available meeting date.
  
6. I/We understand that an agenda and staff report (if applicable) will be available on the City's website approximately one week before the Planning & Zoning meeting.

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DATE

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SIGNATURE OF APPLICANT

**AFFIDAVIT**

We/I, \_\_\_\_\_, being first duly sworn, depose and say that we/I am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of my/our knowledge and belief. We/I understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated, or City printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner(s), we/I further authorize \_\_\_\_\_ to act as our/my representative in any matters regarding this Petition.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Typed or Printed Name of Owner

\_\_\_\_\_  
Typed or Printed Name of Owner

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

(Notary Seal)

\_\_\_\_\_  
NOTARY PUBLIC  
Printed Name:  
Commission Number:

Commission