



# CITY OF DAVENPORT

1 South Allapaha Ave - Davenport, FL 33837  
Telephone (863) 419-3300 - Fax (863) 216-5634

## Special Exception Request Application

### City Use Only:

Case Number: \_\_\_\_\_ BOA Date: \_\_\_\_\_

The following information is required for submission of an application for assignment of a **Special Exception** on property in the City Limits of Davenport, Florida. Please print or type the required information below. **The Applicant shall adequately address the standards listed in Article 10 Procedure to obtain a Special Exception, Section 6.10.01, Contents of the Application of the Land Development Regulations including an aerial photograph, site plan to scale and location map. Depending on the size and intensity of the request, the Applicant may be required to submit an Impact Statement in accordance with Article 9 Impact Statements of City Land Development Regulations.**

### APPLICANT

Name of Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Agent, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Special Exception Request: \_\_\_\_\_

### PROPERTY IDENTIFICATION

Property Address or General Location: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Existing Structures Located on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of Residents on Site: \_\_\_\_\_

Parcel I.D.#: \_\_\_\_\_

Legal Description of the Property: \_\_\_\_\_

Subdivision (if any): \_\_\_\_\_

**Zoning and Future Land Use Designation**

Current Zoning Classification: \_\_\_\_\_

Current Future Land Use Classification: \_\_\_\_\_

Special Exception Request: \_\_\_\_\_

**Approval of this Special Exception application does not waive any other applicable provisions of the City Land Development Regulations, the City Comprehensive Plan or the City Code which are not part of the request for this Special Exception application, nor does approval waive any applicable Florida Statutes, Florida Administrative Code, or any other applicable laws, rules, or ordinances, whether federal, state or local. The applicant has the obligation and responsibility to be informed of and be in compliance with all applicable laws, rules, codes and ordinances.**

I, \_\_\_\_\_ (print name), the applicant or property owner which is the subject of this application, or the authorized representative of applicant or property owner which is the subject of this application, hereby authorize representatives of the City to enter onto the property which is the subject of this application to perform any inspections or site visits necessary for reviewing this application. I understand that representatives of the City are not authorized to enter any structures dwellings which may be on the property. Applicants, property owners or authorized representatives are here by acknowledging their obligation and responsibility to be informed of and be in compliance with all applicable laws, rules, codes and ordinances.

\_\_\_\_\_  
Applicant, Property Owner or Authorized Representative

Date: \_\_\_\_\_

**City Use Only:**

Date Received: \_\_\_\_\_

Staff Received By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Date Found Complete: \_\_\_\_\_

**PROPERTY OWNER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the City of Davenport to process this petition for a **Special Exception** in accordance with all adopted City rules and regulations, and in conformance with State law.

Further, the undersigned (has) (have) appointed and (does) (do) appoint as agent(s) to execute any petitions or other documents necessary to affect such petition; and request that you accept the signature of my agent(s) as representing my agreement of all terms and conditions of the approval process:

Further, (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

**PROPERTY OWNERS**

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Printed Name of Owner

**PROPERTY OWNER'S NOTARIZATION**

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

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

My Commission Expires:

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

**AGENT OR LESSEE SIGNATURE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) serve as \_\_\_\_\_ for the owner(s) in \_\_\_\_\_ (agent or lessee) making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and other information attached hereto present the arguments on behalf of the petition herein requested to the best of (my) (our) ability and that the statements and information above belief.

**AGENT OR LESSEE SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_  
Agent or Lessee's Signature/Print Title

\_\_\_\_\_/\_\_\_\_\_  
Agent or Lessee's Signature/Print Title

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Company's Address

\_\_\_\_\_  
Company's Address

**AGENT OR LESSEE(S) NOTARIZATION**

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

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

My Commission Expires:

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