



CITY OF LARGO

Community Development Department
Planning Division | 727-587-6749 Ext. 7301
askaplanner@largo.com

Conditional Use Application

For Planning Division Use Only
Acceptance Date:
Reviewer:
Application Fee:
PROJECT NUMBER:

NOTE: THE DATE OF ACCEPTANCE IS THE DATE THE APPLICATION IS IN CONFORMANCE WITH ALL OF THE SUBMISSION REQUIREMENTS OF THE CODE.

Project:

- A. Project Name: _____
- B. Project Description: _____
- C. Address of Subject Property: _____
- D. Parcel I.D. No (s): _____
- E. Existing use(s) of property: _____

Information provided in sections II and III is required to ensure that public officials do not violate conflict-of-interest laws.

Application:

- A. Applicant's Status: Attach Proof of Ownership (Deed) Owner (title holder) Agent

If applicant is agent for property owner: attach proof of agent authorization

- B. Name of Applicant(s)/Contact Person(s): _____

Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ FAX No: _____

- C. Name of owner (title holder): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Additional Information:

Is there any existing contract for sale of, or options to purchase, subject property? Yes No

If "yes," list names of all parties involved:

Is the contract/option contingent or absolute?

I/we certify & acknowledge that the information contained herein is true and correct to the best of my/our knowledge.

Signature of applicant: _____

Print Name and Title: _____

State of Florida, County of Pinellas Sworn to (or affirmed) and subscribed before me this _____

day _____ of _____ 20____, by (name of person making statement)

_____ Personally known _____ or Produced Identification _____ type

of identification produced _____.

_____ Notary Stamp Here

Notary public signature

(print, type or stamp name of notary)