



CITY OF LARGO

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

For Planning Division Use Only
Acceptance Date:
Reviewer:
Application Fee:
Project Number:

Full Scale Site Plan Review

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.: (____) _____ Email: _____
- C. Name of owner (title holder): _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Additional Information:

A. 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: _____

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 _____.

Signature of Notary: _____ Notary Stamp Here

Print, Type or Stamp Name of Notary: _____