



Community Development Department
PO Box Largo, FL 33779
Planning Division | 727-587-6749 Ext. 7301
askaplanner@largo.com

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

Small Scale Site Plan Review

The date of acceptance is the date the application is conformance with all of the submission requirements of the code.

I. Project:

Project Name: _____

Project Description: _____

Address of Subject Property: _____

Parcel I.D. No (s): _____

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.

II. Application:

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

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

Name of Applicant(s)/Contact Person(s): _____

Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.(____) _____ Email: _____

Name of owner (title holder): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

III. 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 of Applicant: _____

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 Public Signature: _____

Print, Type or Stamp Name of Notary: _____