



# Town of St. Leo

P.O. Box 2479, 34544 State Road 52  
Saint Leo, Florida 33574  
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## Zoning Compliance Application

DATE SUBMITTED \_\_\_\_\_

The applicant, by filing this application agrees he/she will comply with all requirements of the Town of St. Leo Land Development Code (LDC). Applicant acknowledges that a building permit and subsequent Certificate of Occupancy will not be granted until all required documentation is submitted, inspections are completed, and fees paid.

IT IS INCUMBANT UPON THE APPLICANT TO SUBMIT CORRECT INFORMATION. ANY MISLEADING, DECEPTIVE, INCOMPLETE OR INCORRECT INFORMATION MAY INVALIDATE THE APPROVAL. TO BE ACCEPTED, APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY.

Property Address \_\_\_\_\_ Parcel # \_\_\_\_\_

Project Description \_\_\_\_\_

Project Value \_\_\_\_\_

Is this part of an approved PUD? If so, list PUD name, approval date and any associated resolutions \_\_\_\_\_

Lot Size \_\_\_\_\_ X \_\_\_\_\_

### ZONING DISTRICT:

Setbacks from Property Line: Front _____	_____ Agricultural	_____ Institutional
Side _____	_____ Rural Density Residential	_____ Business
Side _____	_____ Low Density Residential	_____ Permanently Open Land
Rear _____	_____ Medium Density Residential	

Applicant (contact person) \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Property Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Architect/Engineer/Planner/ Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### INCLUDE IN APPLICATION:

1. Three sets of site plans showing clear setbacks for proposed and existing structure, four if project is part of a PUD
2. A Certificate of Liability & Workers Compensation Insurance listing the Town of St. Leo as an additional insured
3. Applications for new Structures must include a drawing of the front elevation.
4. If Applicant is a representative, an Affidavit of Authorization /Ownership is required.

FEES: In addition to Fire Safety and Impact fees, the applicant will be billed for expenses related to the Town of St. Leo's Attorney, Planning Consultant, Fire Inspector and other Town of St. Leo staff review of the application. The associated fees may include, but are not limited to: cost of public notices, time spent reviewing the application for completeness, site inspection(s), preparing a report to the Town Commission, telephone conversations and/or written correspondence to the applicant and others, attending meetings, and attending public hearings. Associated fees will be assessed monthly. The Town Commission may request an advanced partial payment based on an estimate of the Attorney and Planning Consultant expenses.

Signature of Applicant \_\_\_\_\_

St. Leo Signature for Approval \_\_\_\_\_ Date \_\_\_\_\_

Fire Inspector Signature for Approval \_\_\_\_\_ Date \_\_\_\_\_

Documentation of Town Planner approval must be attached to application if project is part of PUD \_\_\_\_\_

Road Impact Fee

Pasco County School Impact Fee

Fire Combat/Rescue Fee

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Date paid \_\_\_\_\_ Check # \_\_\_\_\_

Date paid \_\_\_\_\_ Check # \_\_\_\_\_

Date paid \_\_\_\_\_ Check # \_\_\_\_\_

Fire Plan Review Fee \$ \_\_\_\_\_

Fire Permit Fee \$ \_\_\_\_\_

Fire Inspection Fee \$ \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_