

Zoning Compliance Application

Town of St. Leo

P.O. Box 2479, 34544 County Road 52
Saint Leo, Florida 33574
Phone: 352-588-2622
Fax: 352-588-3010
TownClerk@TownofStLeo.org
www.TownofStLeo.org

DATE SUBMITTED _____

	• •	DATE SODIVIT			
The applicant, by filing this	application agrees he/she w	vill comply with all requiremen	its of the Town of	St. Leo Land Development	
Code (LDC). Applicant ackr	nowledges that a building po	ermit and subsequent Certifica	ate of Occupancy wi	ll not be granted until all	
	submitted, inspections are	·	, ,	S	
•	·		MICLEADING DECER	TIVE INCOMPLETE OR	
		DRRECT INFORMATION. ANY N			
		OVAL. TO BE ACCEPTED, APP			
Property Address		Parcel #			
Project Description					
		Project Va ne, approval date and any a	lue		
Is this part of an approve	d PUD? If so, list PUD nar	ne, approval date and any a	associated resoluti	ions	
ot SizeX			ZONING DISTRICT:		
Setbacks from Property Line	e: Front	Agricultural	_	Institutional	
	Side	Rural Density	Residential	Business	
	Side			Permanently Open Land	
	Rear	Medium Dens	sity Residential		
Applicant (contact perso	า)				
Applicant's Address					
Phone	Fax	Email			
Property Owner					
Owner's Address		Email			
Phone	Fax	Email			
Architect/Engineer/Planr	ner/ Contractor				
Address		Email			
Phone	Fax	Email	'		
INCLUDE IN APPLICATION:					
 Three sets of sit 	e plans showing clear setba	cks for proposed and existing	structure, four if pr	oject is part of a PUD	
2. A Certificate of	Liability & Workers Comper	isation Insurance listing the To	own of St. Leo as an	additional insured	
3. Applications for	new Structures must includ	de a drawing of the front eleva	ation.		
• •		of Authorization /Ownership			
		plicant will be billed for exper	•	own of St. Leo's Attorney.	
		St. Leo staff review of the app			
-	•	viewing the application for cor			
•	•	= ::	•	· · · · -	
•	•	ons and/or written correspond	• •	•	
9.	_	es will be assessed monthly.		• •	
advanced partial payment b	pased on an estimate of the	Attorney and Planning Consul	tant expenses.		
Signature of Applicant					
St. Leo Signature for App	roval			Date	
Fire Inspector Signature f			Date		
Documentation of Town	Planner approval must be	e attached to application if	project is part of P	PUD	
Road Impact Fee		County School Impact Fee	Fire C	Fire Combat/Rescue Fee	
.		\$		\$	
ې Date paid Check	— c# Date pai	d Check #	Date paid	Check #	
Fire Plan Review Fee \$		nit Fee \$			