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| SL LOGO 2003 116 | **Town of St. Leo**P.O. Box 2479, 34544 County Road 52Saint Leo, Florida 33574 |
| Phone: 352-588-2622 |
| Fax: 352-588-3010 |
| TownClerk@TownofStLeo.org |
| **Zoning Compliance Application Over the Counter Fire** | www.TownofStLeo.orgDATE SUBMITTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The applicant, by filing this application agrees they will comply with all requirements of the Town of St. Leo Land Development Code (LDC). Applicant acknowledges, when applicable, 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. Per statute 553.7932, plan review has to take place in the field before the inspection. Therefore, all plans, calculations, and specs shall be on site for the inspection or the inspection will fail and the contractor will be charged a reinspection fee.

IT IS INCUMBENT 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| MODIFICATIONS: | ZONING DISTRICT: |
| [ ]  Fire alarm modification for a total of 20 devices or less ($175) | [ ]  Agricultural | [ ]  Institutional |
| [ ]  Instillation or replacement of fire communicator  | [ ]  Rural Density Residential | [ ]  Business |
| [ ]  Fire sprinkler modifications for 20 heads or less ($250) | [ ]  Low Density Residential | [ ]  Permanently Open Land |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Medium Density Residential |  |

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

Applicant’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Owner’s 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 Certificateof Liability & Workers Compensation Insurance listing the Town of St. Leo as an additional insured.

3. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| Fire Plan Review Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fire Permit Fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fire Inspection Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Verify with the Town Administrator before Submittal.  |   |  |