



Gateway to Nature & Space



## APPLICATION FOR CONDITIONAL USE PERMIT

Please submit electronically a completed application including required submittals to the Planning Department for payment and meeting scheduling. Chapter 34 of the Titusville Land Development Regulations contains the instructions for filing and the required exhibits. INCOMPLETE APPLICATIONS SHALL NOT BE ACCEPTED.

<b>1. Project Information</b>	Project Name		Property Address/Location Description			
<b>2. Applicant/ Owner</b>	Name of Applicant/Contact		Name of Owner			
	Street Address		Street Address			
	City	State	Zip	City	State	Zip
	Telephone #		Telephone #			
	Fax #		Fax #			
E-Mail Address		E-Mail Address				
<b>3. Applicant Status</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent <input type="checkbox"/> Other					
<b>4. Parcel ID</b>			<b>Tax Acct.</b>			
<b>5. Site Size (Attach Legal Description)</b>	Acres: _____ Square Feet: _____					
<b>6. Current Land Uses</b>	Identify the land uses located on-site and adjacent to the subject site (identify "all" uses that touch property on each boundary), such as grocery store, citrus farm, office, single family residential, etc.:					
	<b>SUBJECT SITE:</b> _____					
	<b>NORTH:</b> _____					
	<b>SOUTH:</b> _____					
	<b>EAST:</b> _____					
	<b>WEST:</b> _____					
<b>7. Current Designation</b>	Future Land Use:	Zoning:				

<b>8. Building Status</b>	Existing Building(s) on the site?		New Buildings Proposed?	
<b>9. Operating Schedule</b>	(Hours of operation, size of operation)			
<b>10. Note any previous CUPs on the site</b>				
<b>11. Check other applications submitted</b>	Conditional Use <input type="checkbox"/>	Vacation of Easement <input type="checkbox"/>	Master Plan Approval <input type="checkbox"/>	Rezoning <input type="checkbox"/>
	Vacation of Right of Way <input type="checkbox"/>	Site Plan <input type="checkbox"/>	Subdivision/ Plat <input type="checkbox"/>	Other: _____
<b>12. Narrative</b>	Please provide a brief description of your request and the proposed project: (Attach separate narrative page if necessary)			

- **All applications shall require Community Development Staff review prior to submittal.**
- All applications shall be submitted to the Planning Department electronically and officially logged in by **end of business day**.
- Tentative hearing dates are scheduled approximately 4 months from the time a completed application is submitted.
- Incomplete applications will not be accepted and will not be considered to be officially submitted until the appropriate information and fees are submitted. Meeting dates for incomplete applications will not be set until all required information and fees are submitted.
- Petitions requiring review from other boards or commissions prior to being forwarded to the Planning and Zoning Commission and City Council are not guaranteed placement on the originally scheduled date(s).
- All meeting agendas will be posted on the City's web site and staff reports for the request can be obtained by contacting the Planning Department at 321-567-3782.

## ACKNOWLEDGEMENT

1. I am the owner and/or legal representative of the owner of the property described, which is the subject of this application.
2. All answers to the questions in said application and all surveys and/or site plans and data attached to and made a part of this application are honest and true to the best of my knowledge and belief. By my signature below, I acknowledge that I have complied with all submittal requirements and that this request package is complete. I further understand that an incomplete application submittal may cause my application to be deferred.
3. Should this application be granted, I understand that any condition(s) imposed upon the granting of this request shall be binding to the owner, his heirs, and successors in title to possession of the subject property.
4. I understand that I must attend all applicable meetings and have been informed of the meeting date(s) and time(s). I understand that if I fail to appear at an applicable meeting, the appropriate Board or Commission may either table or deny the request.
5. I understand that my request if approved does not encumber provision of utility, road or other City infrastructure capacity. The analysis provided by staff of existing levels of service for public facilities and services in the vicinity of the parcel identified in this application is a non-binding analysis, and does not guarantee capacity will be available in the future or encumber/reserve capacity for any period of time.

This matter is subject to quasi-judicial rules of procedure. Interested parties should limit contact with the City Council, Board of Adjustment & Appeals, and Planning & Zoning Commission on this topic to properly noticed public hearings or to written communication to the City Clerk's Office, City of Titusville, P.O. Box 2806, Titusville, FL 32781

/s/ \_\_\_\_\_ (Signature\*) \_\_\_\_\_ (Date)

*\* By entering your name in the "Signature" box above, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application. By entering your name in the "Signature" box above, you consent to be legally bound by this Application's terms and conditions.*

Date received: \_\_\_\_\_

Accepted by: \_\_\_\_\_



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## SUBMITTAL CHECKLIST

(Development Review Procedures Manual Section 7)

Please fill out the following and submit the documents to the Planning Department electronically. Payment of fees does not ensure a favorable decision. Additional information may include documents initially waived at the pre-application meeting but subsequently determined necessary by staff.

1. Complete Application and Fees	<input type="checkbox"/>
2. Warranty Deed	<input type="checkbox"/>
3. Notarized Owner Authorization Form (If applicable)	<input type="checkbox"/>
4. Legal Description (from a certified survey in Microsoft Word format)	<input type="checkbox"/>
5. Certified Survey (sealed and containing permanent reference points as described by Chapter 177, Florida Statutes, with bearings, distances and closures)	<input type="checkbox"/>
6. Conceptual Site Plan (minimum 24" x 36") in hardcopy or electronic in PDF format.	<input type="checkbox"/>
7. Names, addresses and address labels for all property owners within 500 feet of the subject property. <i>Note: This listing is available from either the Brevard County Property Appraiser's Office or the City of Titusville Planning Department. Current charge for this service is \$35.00.</i>	<input type="checkbox"/>
8. Pre-Application Meeting Date:	<input type="checkbox"/>
9. Staff in Attendance:	<input type="checkbox"/>
9. Completed Concurrency Application	<input type="checkbox"/>

THE CONCEPTUAL PLAN SHALL INCLUDE THE FOLLOWING:  
(Development Review Procedures Manual Section 7)

1. All property lines and easements	<input type="checkbox"/>
2. The general location and size of all existing and proposed structures and parking areas.	<input type="checkbox"/>
3. All required landscaping, buffering, or screening.	<input type="checkbox"/>
4. General location of ingress and egress to the property	<input type="checkbox"/>



# CONCURRENCY

## City of Titusville Preliminary Concurrency Assessment

Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Concurrency Assessment Requirements

1. Project Developer/Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Size of proposed development (acres): \_\_\_\_\_
4. Parcel ID Number: \_\_\_\_\_
5. Tax Account Number: \_\_\_\_\_
6. Name of Primary Access Point(s):  
\_\_\_\_\_  
\_\_\_\_\_
7. Name of Secondary Access Point(s):  
\_\_\_\_\_  
\_\_\_\_\_
8. Are there any existing structures or improvements on the site. Yes:  No:   
If yes please describe:  
\_\_\_\_\_  
\_\_\_\_\_
9. Proposed Use(s):  
Residential Uses       Single Family      Number of Lots: \_\_\_\_\_  
                             Multi-family      Number of Units: \_\_\_\_\_  
                            No. of Buildings: \_\_\_\_\_ Bldg. Height: \_\_\_\_\_ (ft)  
  
Non-Residential Use      Use: \_\_\_\_\_ Area: \_\_\_\_\_ (ft<sup>2</sup>)  
                            Use: \_\_\_\_\_ Area: \_\_\_\_\_ (ft<sup>2</sup>)  
                            Use: \_\_\_\_\_ Area: \_\_\_\_\_ (ft<sup>2</sup>)  
                            Use: \_\_\_\_\_ Area: \_\_\_\_\_ (ft<sup>2</sup>)

(For non-residential uses include type from list below with square footage of each type proposed.)

Medical Office	Retail Under 50,000 GSF	Auto Repair	General Recreation	College
Hospital	Retail 50,00 to 99,999 GSF	Car Wash	Day Care Center	Office Park
Veterinary Clinic	Retail 100,000 to 299,999 GSF	Convenience Market (24hr)	Church	Office under 10,000 GSF
Service Stations	Retail 300,000 to 499,999 GSF	Convenience Market w/gas & fast food	Movie Theater	Office over 10,000 GSF
New & Used Auto Sales	Retail over 500,000 GSF	Golf Course	School (Elementary)	Furniture Store
Manufacturing	Quality Restaurant	Racquet Club/Health Spa	School (Middle/Jr.)	Supermarket
Warehouse	Restaurant	Tennis Court	School (High)	Bank
Mini-Warehouse	Fast Food Restaurant w/Drive thru	Marina	Junior College	Bank w/Drive-In
General Industrial				

For uses not listed contact the Planning Department at (321) 567-3782.

Email completed application form to the City of Titusville Planning Department for evaluation/assessment.