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P.O. Box 1068 Havana, Florida 32333-1068 Phone: (850) 539-2820

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### APPLICATION FOR ZONING CERTIFICATE

No development permitted by this Ordinance, including accessory and temporary uses, may be established or changed; no structure shall be erected, constructed, reconstructed, altered, razed, or removed, and no building used, occupied, or altered with respect to its use after the effective date of this Ordinance until a Zoning Certificate has been secured from the Zoning Officer. Nothing herein shall relieve any applicant of the additional responsibility if seeking any permit required by any applicable Florida Statute, Ordinance, or regulation in compliance with all of the terms of this Ordinance.

(REF: PERFORMANCE ZONING ORDINANCE)

This form must be completed in its entirety to be accepted. All information must be submitted with the appropriate fee to begin processing. Supporting information, as required on this application must be provided unless waived at the pre-application conference. **Incomplete applications will be returned.** 

### FEES REQUIRED FOR EACH TYPE OF APPLICATION:

| Application for Zoning Certificate (Please check one): |  |   |       |  |
|--|--|---|-------|--|
| Single Family Dwelling                                 | \$270  | Home Occupation                         | \$270 |  |
| Commercial   | \$270  | Mobile Home                             | \$270 |  |
| Multifamily  | \$270.00 (fi   | erst 6 units + \$10.00 per unit over 6) |       |  |
| Sub-Divide/Merge Lot                                   | \$400.00   |   |       |  |
| Voluntary Annexation                                   | \$400.00   |   |       |  |
|  |  |   |       |  |
|  | Application completed in its entirety  Appropriate Fee paid  |   |       |  |
|  | Appropriate Fee paid Legal Description (printout from property appraiser)                          |   |       |  |
| Site Plan: All dimensions, ro                          | Site Plan: All dimensions, roads, easements, structures, setbacks, buffers, adjacent property uses |   |       |  |
| Impervious Surface Ratio Ca                            | Impervious Surface Ratio Calculation Worksheet   |   |       |  |
| Cascade Falls Special Requir                           | Cascade Falls Special Requirements – Selection of Features (Cascade Falls only)                    |   |       |  |
| Mobile Home Acknowledgement (if applicable)            |  |   |       |  |
| Home Occupation Acknowledgement (if applicable)        |  |   |       |  |
| Petition for Voluntary Annex                           | Petition for Voluntary Annexation, Legal Description & Map (if applicable)                         |   |       |  |
|  |  |   |       |  |
|  |  |   |       |  |

# ALL DATA AND EXHIBITS SUMITTED BECOME A PERMANENT PART OF THE APPLICATION.

| Date S   | ubmitted:   |
|----------|---|
| Applica  | ant Name (s):   |
|          | g Address:  |
| Phone:   | Email:  |
| Please   | provide a brief narrative of your proposed project or request:  |
| Is the a | applicant the owner of the property? Yes No  If applicant is the owner, indicate name(s) exactly as recorded, and list all other owners, if any:  |
|          | If applicant is a lessee, attach copy of lease, and indicate actual owners if not indicated on the lease. (Permission of owner to operate a home occupation is required, if applicant is a lessee.)  If applicant is a contract purchaser, attach a copy of contract, and indicate actual owner's name and address. |
| Legal o  | description of parcel(s) for which the certificate is sought (attach legal description)   |
|          | SECTION TOWNSHIPRANGE   |
|          | Parcel ID:  |
|          | Size of property: x = Total Sq Ft   |
|          | Subject property address:   |
|          | Are there any existing structures on the property? (Show all on site plan)  |
|          | Liet all etructures   |
|          | List all structures:  |
|          | Type: Frame Concrete Block Mobile Home Other  |

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## The following are specific items/information that must accompany this application:

| Current Zon  | ing District:       |   |  |  |
|--|---------------------|---|--|--|
| Urb  | an Core             |   | Development Distr<br>Urban Core II                   | ict  |
| Indu   | strial              |   |  |  |
| •  | •                   |   | n to scale, showing the<br>ings in relation to the p | location and exterior parcel and the street line |
| Set Backs (  | Must comply with    | Ordinance)  |  |  |
| Street   | Rear:               | Side:   | Side:  |  |
| Does side ya   | ard abut a street?  |   |  |  |
|  |                     |   |  |  |
| Residential S  | Structure Informat  | tion:   |  |  |
|  |                     |   | # Bedrooms   | # Bathrooms                                      |
| Square Feet Garage?  |                     | # Stories<br>If yes, # of C                               | Cars   | # Bathrooms                                      |
| Square Feet Garage?  |                     | # Stories<br>If yes, # of C                               | Cars   | # Bathrooms                                      |
| Square Feet<br>Garage?<br>Off Street Pa  |                     | # Stories<br>If yes, # of C                               | Cars   | # Bathrooms                                      |
| Square Feet<br>Garage?<br>Off Street Pa  | arking - # of Space | # Stories<br>If yes, # of C                               | Cars   | # Bathrooms                                      |
| Square Feet<br>Garage?<br>Off Street Pa<br>Statement of  | arking - # of Space | # Stories<br>If yes, # of C<br>es<br>use:<br>Available (C | Cars   |  |
| Square Feet Garage? Off Street Pa Statement of Utility   | arking - # of Space | # Stories<br>If yes, # of C<br>es<br>use:<br>Available (C | Cars<br>-<br>Office use only)                        |  |
| Square Feet Garage? Off Street Pa Statement of Utility Electric  | arking - # of Space | # Stories<br>If yes, # of C<br>es<br>use:<br>Available (C | Cars<br>-<br>Office use only)                        |  |
| Square Feet Garage? Off Street Pa Statement of Utility Electric Gas                                    | arking - # of Space | # Stories<br>If yes, # of C<br>es<br>use:<br>Available (C | Cars<br>-<br>Office use only)                        |  |
| Square Feet Garage? Off Street Pa Statement of Utility Electric Gas Water                              | Requested           | # Stories<br>If yes, # of C<br>es<br>use:<br>Available (C | Cars<br>-<br>Office use only)                        |  |
| Square Feet Garage? Off Street Pa Statement of Utility Electric Gas Water Sewer Septic Tank            | Requested           | # Stories  If yes, # of C es use:  Available (C           | Office use only)                                     |  |
| Square Feet Garage? Off Street Pa Statement of Utility Electric Gas Water Sewer Septic Tank            | Requested           | # Stories  If yes, # of C es use:  Available (C           | Cars<br>-<br>Office use only)                        |  |
| Square Feet Garage? Off Street Pa Statement of Utility Electric Gas Water Sewer Septic Tank Stormwater | Requested           | # Stories If yes, # of C es use:  Available (O            | Office use only)                                     |  |

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| 9.      | For commercial use only:  |
|---------|---|
|         | The location, size arrangement and capacity of all areas to be used for off-street parking and off-street loading. The number of parking spaces:  |
| 10.     | The location, height, and composition material of all walls, fences, or other structures to be utilize in providing the buffer yards required by this Ordinance.  |
| 11.     | For Performance Subdivision: An open-space plan showing the location, dimensions, and arrangements of all open spaces, yards, and buffer yards, including specification of all plant materials to be utilized in providing the buffer yard and landscaping required by this Ordinance and including the specification of any use planned for open-space or buffer-yard areas. |
| 12.     | The location and dimension of all existing and proposed pedestrian entrances, exits and walkways.   |
| Additio | onal requirements for commercial applicants:  |
| 1.      | The location, size height, composition materials, illumination, and orientation of all signs. (Sign Permit required.)   |
| 2.      | A certificate of compliance with Section 4615 (exterior lighting) signed by the applicant's engineer or plans and specification of the engineer of plans and specification of the proposed lighting, if required by Section 4615.   |
| 3.      | If the applicant relates to property scheduled for phased development, the proposed layout of the total projected development shall be indicated and each phase's projected scope and time period indicated to the extent possible.   |
| For Vo  | oluntary Annexation Requests only (attach Petition for Annexation and map):   |
| 1.      | Is the property contiguous to Town of Havana?   |
| 2.      | Will the annexation of this property create an enclave?   |

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#### IMPERVIOUS SURFACE RATIO (ISR) WORKSHEET

**IMPERVIOUS SURFACE:** Any building, surface, concrete, pool, wet retention/detention areas, pavement or surface that has been compacted or covered with a layer of material so that it is highly resistant to infiltration by water. It includes, but is not limited to, semi-impervious surfaces such as compacted clay, as well as most conventionally surfaced streets, roofs, sidewalks, parking lots, and other similar structures.

<u>IMPERVIOUS SURFACE RATIO (ISR)</u>: The ISR shall be calculated by dividing the total impervious surface area by the total area of the proposed development site or project. Alternative porous paving with a 10% or greater permeability shall not count as ISR coverage.

| Site A       | ddress                         |                  | Lot Area                          | SF                                   |
|--------------|--------------------------------|------------------|-----------------------------------|--------------------------------------|
| Imperv       | vious Surfaces:                |                  |                                   |                                      |
| 1.           | Building footprint             | L x              | W =                               | square feet                          |
| 2.           | Parking & driveway areas       | L x              | W =                               | square feet                          |
| 3.           | Access easements               | L x              | W =                               | square feet                          |
| 4.           | Walkways                       | L x              | W =                               | square feet                          |
| 5.           | Pools and decks                | L x              | W =                               | square feet                          |
| 6.           | Other (patios, porches, etc.)  | L x              | W =                               | square feet                          |
| 7.           | Equipment and HVAC pads        | L x              | W =                               | square feet                          |
| 8.           | Permeable pavers > 10% per     | rmeability       |                                   | square feet                          |
| Total ]      | Impervious Surfaces:           |                  |                                   | square feet                          |
| Total I      | mpervious Surfaces ÷           |                  | =Impervious                       | Surface Ratio %                      |
| I<br>calcula | ntions submitted above for the | impervious surfa | (print name ce ratio calculations | e) certify that the are accurate and |
| Signatı      | ure                            | Date             | _                                 |                                      |

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## **AFFIDAVIT**

| I/We,  |  |
|--|--|
|  | ay that I am/we are the owners of the property located at, described herein and which is the |
|  | at all the answers to the questions in this application, and all                             |
| sketches, data and other supplementary ma      | atter attached to and made a part of this application, are honest                            |
|  | nd belief. I understand this application must be completed and                               |
| accurate before any action can be taken. I for | urther permit the undersigned to act as our representative in any                            |
| matter regarding this Petition.                |  |
| Signature of Owner                             | Signature of Agent (if applicable)   |
| _  | Signature of Agent (if applicable)   |
| Signature of Owner                             |  |
| Signature of Owner                             |  |
| Signature of Owner                             |  |
| State of Florida                               |  |
| County of Gadsden                              |  |
| Sworn to and subscribed before me this         | , day of,, by  |
|  | who is personally known to me or who   |
| has produced                                   | as identification.   |
|  | Stamp:   |
| Notary Signature                               | <del></del>  |
| Commission Expires:                            |  |
|  |  |

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(For office use only)

| Property Address:   |                           |
|---|---------------------------|
|   | Fee Paid:                 |
| Notes/Comments:   |                           |
| Confirmed applicant is property owner   | (per Property Appraiser)  |
| Date Submitted to ARPC:   |                           |
| ARPC Recommendation:  | Date:                     |
| Town Manager Recommendation:  | Date:                     |
| Zoning Certificate Sent to Applicant:   | Date:                     |
| Zoning Certificate Sent to County:  | Date:                     |
| Foundation location verified:   | Date:                     |
| - Or -  |                           |
| Denial Letter Sent to Applicant:  | Date:                     |
| Reason for denial   |                           |
| Note Dates Below (or note N/A):  Sign Posted at Property  First Notice in Paper  Second Notice in Paper | First Public Hearing      |
| For Annexation Petition:  |                           |
| Date Annexation Notice sent to County: _  |                           |
| •   | (attach delivery receipt) |
| Columba Ham Hacking II  | (utual delivery receipt)  |
| If applicable:  |                           |
| Town Council Approval:  | Date:                     |

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#### HOME OCCUPATION ADDENDUM

Detailed accessory use regulations: home occupations. It is the intent of this subsection to regulate the operation of home occupations so that the average neighbor, under normal circumstances, will not be aware of their existence other than for a permitted sign.

- 1. Any resident conducting a home occupation shall apply for and receive a zoning certificate from the zoning officer subject to the following regulations.
- 2. Any occupation which is customarily, in whole or in part, conducted in a residence may be conducted in any dwelling unit, provided that all of the following criteria are met:
  - a. The occupation must be clearly incidental to the use of the dwelling as a residence.
  - b. No outdoor display or storage of materials, goods, supplies or equipment used in the home occupation shall be permitted on the premises.
  - c. There shall be no visible evidence that the residence is being operated as a home occupation. The total of all employees inclusive of family members shall not exceed six (6) persons.
  - d. Off-street parking shall be provided on the premises, as required by Sections 4602 and 5700 or as otherwise necessary.
  - e. A home occupation use shall not generate nuisances such as traffic, on-street parking, noise, vibration, glare, odors, fumes, electrical interferences, or hazards to any greater extent than what is usually experienced in the residential neighborhood.

| I have read the home occupation rules/r | egulations and | I will abide by the T | own's guidelines. |  |
|---|----------------|-----------------------|-------------------|--|
|   |                |                       |                   |  |
|   |                |                       |                   |  |
|   |                |                       |                   |  |
| Signature                               | Date           |                       |                   |  |
|   |                |                       |                   |  |

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## **Zoning Requirements for Mobile Homes**

By signing below, I am acknowledging that before I can receive permanent power from the Town of Havana, the following must be completed at the above-mentioned location:

- Double wide mobile home must be moved onto the property. No single wide mobile homes are allowed inside the town limits.
- Development District see attached site plan
- Steps entering the mobile home must be installed
- Skirting must be installed on the mobile home
- House numbers must be installed
- Driveway must be installed (concrete, asphalt or crushed rock) and;
- All debris must be cleared from the property

| Signature                              | Date                            |       |            |
|--|---------------------------------|-------|------------|
|  |                                 |       |            |
| State of Florida                       |                                 |       |            |
| County of Gadsden                      |                                 |       |            |
| Sworn to and subscribed before me this | day of                          |       | , by       |
|  | who is personally known to me _ |       | or who has |
| produced                               | as identification               |       |            |
|  |                                 | Stamp | <u>:</u>   |
|  |                                 |       |            |
| Notary Signature                       |                                 |       |            |
| Commission Expires                     |                                 |       |            |

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## Cascade Falls Subdivision Site Plan Review Special Requirements

The proposed "village homes" under Section 5200 B.3, of the zoning ordinance will each require that the front yard include the installation of **at least two (2)** of the following seven landscaping or architectural treatments:

- a. Two (2) canopy trees and three (3) evergreen or understory trees or six (6) evergreen or understory trees.
- b. A porch which is roofed but not enclosed and extends across three-fourths (.75) of the front of the house and is at least seven (7) feet in width.
- c. A front yard raised above the grade of the sidewalk by at least twenty-four (24) inches and four (4) flowering or evergreen shrubs along each street face.
- d. An ornamental fence or wall between twenty-four (24) and thirty-six (36) inches in height, and five (5) flowering shrubs or evergreen shrubs per street face.
- e. Twenty (20) flowering or evergreen shrubs or ten (10) flowering or evergreen shrubs, twenty (20) hedge plants, and two (2) understory trees.
- f. A hedge consisting of shrubs planted on eighteen (18) inch centers and two (2) understory or evergreen trees.
- g. A berm or raised area averaging eighteen (18) inches above the average grade of the rest of the yard and covering forth (40) percent of such yard, with four (4) understory or evergreen trees and six (6) flowering or evergreen shrubs.

| TWO CHOSEN FOR PRO | POSED PROJECT: | / |
|--------------------|----------------|---|
|                    |                |   |
|                    |                |   |
|                    |                |   |
| Signature          | Date           |   |

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