



**Planning, Zoning & Building Department**  
**501 Bay Isles Road**  
**Longboat Key, Florida 34228**  
**Fax Number: (941) 316-1970**  
**Web: <http://www.longboatkey.org>**

**(941) 316-1966**

## ZONING EXCEPTION

In accordance with Town Ordinance 04-12, at-grade driveways, walkways, decks and patios, which do not require a building permit, shall meet zoning criteria and shall be reviewed and approved by the Zoning Department for compliance, prior to the start of work. Fences and walls shall also received the same review and approval, prior to installation. Issuance of the Zoning Exception does not waive any other required local, state or federal permits/approvals.

### JOB SITE

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Condominium/Complex Name: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Site Plan Amendment/Exemption #\*: \_\_\_\_\_

\* If the proposed work is on a site approved by site plan approval, a photocopy of the corresponding Site Plan Order or Site Plan Exemption number is required.

### PROPERTY OWNER

Name (as on property record)\*: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* If the proposed work is being done for a condominium or other property owner association, photocopies of the approval documents (i.e., board minutes, etc.) authorizing the work to be completed, is required.

### APPLICANT (if not property owner)

Check One:  Tenant  Contractor  Other \_\_\_\_\_  
 Engineer/Surveyor  Design Professional

Name: \_\_\_\_\_

Company/Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SCOPE OF WORK

Check One:  New  Repair/Maintain  Alteration

Check (all applicable):  Deck  Driveway\*/Walkway  Patio  Fence/Wall

\*Driveways on Gulf of Mexico Drive shall require a photocopy of the FDOT permit.

### PROPOSED SURFACE MATERIAL

Check (all applicable):  Natural  Concrete  Asphalt  
 Shell/Limestone  Gravel  Pavers  
 Other \_\_\_\_\_

**SITE CALCULATIONS\***

Lot Area (sq. ft.): \_\_\_\_\_

Existing Non-Open Space (sq. ft.): \_\_\_\_\_

Proposed Additional Coverage (sq. ft.): \_\_\_\_\_

Proposed Non-Open Space (sq. ft.): \_\_\_\_\_

\*If the work proposed is "new" or "alterations", a to-scale site plan/survey with revised itemized/detailed Lot Coverage and Non-Open Space calculations shall be required, accompanied by the attached *Coverage Affidavit*, to be signed by both the individual preparing the calculations, as well as the property owner. Please utilize the *New Construction & Additions Worksheet* as a guide for computing the coverages. The Town may require that site plan/survey shall be signed and sealed by a design professional or licensed surveyor, verifying the calculations are correct, if the proposed Non-Open space coverage is close to approximate maximum and/or cannot be verified by staff.

If the work is "repair/maintain", a to-scale site plan/survey indicating the existing locations and dimensions of all improvement shall be required. Three (3) to-scale copies of the site plan/survey shall be submitted with the Zoning Exception application.

**FENCE DETAIL REQUIREMENTS**

Three (3) copies of a to-scale site plan/survey clearly indicating the exact location of the proposed fence are required, including setbacks from respective property lines. Details including the proposed fence design and overall height of the proposed fence shall also be submitted. Please note, fences shall comply with Section 158.152 of the Town Zoning Code.

**SIGNATURE OF PROPERTY OWNER(S)/AGENT**

( I ) ( WE ) understand that this document becomes a part of the permanent records of the Town of Longboat Key. ( I ) ( WE) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herein are true to the best of (my) (our) knowledge and belief.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
The Owner has hereby designated the above signed person to act as the agent in regard to this document. (To be executed when the Owner designates another to act on his behalf.)

\_\_\_\_\_  
Printed/Typed Name of Owner

\_\_\_\_\_  
Printed/Typed Name of Agent

**NOTARIZATION OF AGENT'S SIGNATURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_ by \_\_\_\_\_

as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority) (name of party acting on behalf of)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed/Stamped Name of Notary Public

Personally know \_\_\_\_ OR produced identification \_\_\_\_ . Type of identification: \_\_\_\_\_

**OFFICE USE ONLY**

Date of Initial Review: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Approving Staff Member (int.): \_\_\_\_\_

Zoning Exception #: \_\_\_\_\_