



# CITY OF LARGO

Community Development Department  
Planning Division | 727-587-6749 Ext. 7301  
askplanner@largo.com

For Planning Division Use Only
Acceptance Date:
Reviewer:
Application Fee:
Project Number:

## Hardship Relief Application

### I. Project:

- A. Project Name: \_\_\_\_\_
- B. Project Description: \_\_\_\_\_
- C. Address of Subject Property: \_\_\_\_\_
- D. Parcel I.D. No (s): \_\_\_\_\_
- E. Existing use(s) of property: \_\_\_\_\_

### II. Application:

- A. Applicant's Status (Attach Proof of Ownership):  Owner (title holder)  Agent
- B. Name of Applicant(s)/Contact Person(s): \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
- C. Name of owner (title holder): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

### III. Additional Information:

A. Is there any existing contract for sale of, or options to purchase the subject property?  Yes  No  
If "yes," list names of all parties involved: \_\_\_\_\_  
Is the contract/option contingent or absolute? \_\_\_\_\_

B. Application Checklist:

**Please initial next to each item. Incomplete applications will not be accepted.**

\_\_\_\_\_ Application Fee of **\$300.00** (Residential) or **\$500.00** (Commercial/Multi-family) and **\$50.00** (for each additional administrative issue);

\_\_\_\_\_ Notarized letter of authorization (required if applicant is agent for property owner) OR Deed (required if applicant is property owner);

\_\_\_\_\_ Eight (8) copies of a current certified survey – Must be signed and sealed by a registered surveyor which includes a legal description of the subject property, all easements, encroachments and other conditions existing on the site;

\_\_\_\_\_ One (1) hard-copy preliminary site plan prepared and reviewed in accordance with the provisions of Chapter 3 of this CDC;

\_\_\_\_\_ Eight (8) copies of letter requesting the relief, including a description of the proposed use and a statement of consistency with the Hardship Relief review criteria (Section 4.3.3) of this CDC; and

\_\_\_\_\_ (IF APPLICABLE) Any other items, as may be required by the DCO, to completely describe or evaluate the request.

**I/WE CERTIFY & ACKNOWLEDGE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.**

Signature of Applicant: \_\_\_\_\_

Print Name and Title of Applicant: \_\_\_\_\_

**Please choose the correct notary block below that pertains to your situation, if the incorrect notary block is chosen you will have to have the form re-notarized.**

**For an individual acting in his or her own right:**

STATE OF  
COUNTY OF

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person acknowledging), who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

\_\_\_\_\_  
(Title)

**For a corporation:**

STATE OF  
COUNTY OF

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ (date) by \_\_\_\_\_ (name of officer or agent, title of officer or agent) of \_\_\_\_\_ (name of corporation acknowledging) , a \_\_\_\_\_ (state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

\_\_\_\_\_  
(Title)

**For a limited liability company:**

STATE OF  
COUNTY OF

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_(date) by \_\_\_\_\_ (name of member, manager, officer or agent, title of member, manager, officer or agent) , of \_\_\_\_\_ (name of company acknowledging) , a \_\_\_\_\_ (state or place of formation) limited liability company, on behalf of the company, who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

\_\_\_\_\_  
(Title)

**For a partnership:**

STATE OF  
COUNTY OF

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_(date) by \_\_\_\_\_ (name of acknowledging partner or agent) partner (or agent) on behalf of \_\_\_\_\_ (name of partnership) , a partnership. He/she is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

\_\_\_\_\_  
(Title)

**For an individual acting as principal by an attorney in fact:**

STATE OF  
COUNTY OF

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ (date) by \_\_\_\_\_  
(name of attorney in fact) as attorney in fact, who is personally known to me or who has produced  
\_\_\_\_\_ as identification on behalf \_\_\_\_\_  
of (name of principal) .

\_\_\_\_\_  
(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

\_\_\_\_\_  
(Title)

**By any public officer, trustee, or personal representative:**

STATE OF  
COUNTY OF

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ (date) by \_\_\_\_\_ (name  
and title of position) who is personally known to me or who has produced \_\_\_\_\_  
as identification.

\_\_\_\_\_  
(Signature of person taking acknowledgment)

(Name typed, printed or stamped)

\_\_\_\_\_  
(Title)