

CITY OF MINNEOLA, FLORIDA
CONDITIONAL USE PERMIT (CUP) APPLICATION CHECKLIST

This Checklist is based on the relevant provisions of Chapter 106.1 – Conditional Use Permit - of the Minneola Florida Code of Ordinances. The Code is available online at www.municode.com. The requirements below are minimums that may be adjusted in the pre-application conference.

Application Review Process

Development Review Process (DRP)

- The DRP reviewers shall review every application and make recommendations to the Planning & Zoning Commission (P&Z) and City Council (CC)
- The DRP will provide written comments/recommendations to the applicant, the P&Z and the City Council

Planning and Zoning Commission (P&Z)

- The Planning Dept. (Dept.) is responsible to ensure the proper legal advertising is done in a timely manner
- The applicant is responsible to correctly post the required signs on the site in a timely manner and pursuant to the instructions provided by the Dept. – the signs and posting requirements are supplied by the Dept.
- **Applications need to be submitted by the 1st of the month to be considered at the next month's Planning & Zoning Commission meeting. Any and all supporting documents that need to be reviewed by the Commission need to be submitted by the 15th of the same month to be included in the packet for review.**

City Council

- The City Council may conduct one or more public workshops prior to initiating their formal consideration of a conditional use permit request
- Since the available workshop dates are limited, the Dept will advise the applicant of the next available workshop date
- Upon Council's completion of the workshop process, an additional legal advertisement is made and the site gets posted again as described above
- The Council must conduct a public hearing regarding the proposed conditional use permit
- The Council may defer consideration of the subject application at any time

- ✓ Conditional Use Permits are granted for one-year terms which automatically renew, unless permit conditions have been violated, or unless Council specifies otherwise.
- ✓ A CUP which has not been initiated within one year automatically expires.
- ✓ A CUP which is abandoned for one year expires and must re-apply.
- ✓ A CUP must comply with the relevant requirements of Section 102 – Landscaping.

Conditions may be established which:

- ❖ Establish time limits for the initiation and/or duration of the conditional use
- ❖ Specify minimum and/or maximum limits to regular code requirements
- ❖ Any other conditions reasonably related to the requirements of this chapter

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CONDITIONAL USE PERMIT (CUP) APPLICATION CHECKLIST (continued)

CUP Review Criteria

The general requirements and review criteria are described in Section 106 1(f) of the City Code. The City Council shall consider the following requirements:

- _____ a) The proposed use must comply with the adopted comprehensive plan and future land use map.
- _____ b) Traffic generation and access for the proposed use shall not adversely impact adjoining properties and the general public safety.
- _____ c) Off-street parking, loading and service areas shall be provided and located such that there is no adverse impact on adjoining properties, beyond that generally experienced in the district [area].
- _____ d) Required yards, screening or buffering and landscaping shall be consistent with the [zoning] district in general and specific needs of abutting land uses.
- _____ e) Size, location and number of conditional uses in an area shall be limited so as to maintain the overall character of the [zoning] district as intended by the Land Development Code.
- _____ f) Architectural and signage treatments shall comply with the general provisions applicable to permitted uses in the district, to the greatest extent possible, and be sensitive to surrounding development.
- _____ g) The availability of utilities services (such as water, sewer and solid waste) and recreational facilities shall meet the minimum Level-Of-Service standards.

Submission Requirements

- _____ 1 – Copy of the Legal Description or Warranty Deed [not both]
- _____ 9 – Copies of the Boundary Survey by a Florida licensed surveyor at 24" x 36" – one copy shall be signed and sealed – plus 1 copy reduced to no greater than 11" x 17" [reductions do not need signing or sealing]
- _____ 9 – Copies of the Conceptual Plan for the subject site at 24' x 36" plus one copy reduced to no greater than 11" x 17" – color copies only
- _____ 1 – Copy of the completed Application and Checklist forms
- _____ 1 – Copy of the signed and notarized Owner's Authorization form (if applicable)
- _____ 1 – Copy of only the 1st page of the Property Record Cards for all parcels within 300 feet of all sides of the subject project – or –
- _____ 1 – Copy of the completed Adjacent Property Owners form
- _____ 1 – Set of mailing labels for all Adjacent Property Owners within 300' of all sides of the Property
- _____ A CD in PDF format which includes the entire application package text and graphics
- _____ Non-Refundable fee of \$500

Transmit To: Planning & Zoning Department, 800 N. U.S. Hwy 27, Minneola, FL 34715
Phone: 352-394-3598, extension 2202

CERTIFICATION

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs, mailing costs, **AND** the actual consultants' review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice **OR** further processing of the application will cease until the invoice is paid in full.

I understand that only application packages that are determined complete by the Department will be scheduled for review.

Applicant Signature

Date

Applicant Name: _____

Application for: _____

Amount: _____ Account #: _____

Amount: _____ Account #: _____

**CITY OF MINNEOLA
CONDITIONAL USE PERMIT (CUP) APPLICATION**

Note: In accordance with the fee schedule of the City of Minneola additional fees may be charged for advertising and/or actual costs of engineering application review. The fees must be paid within 30 calendar days of receipt of the City invoice.

1. Property Address_____
2. Owner's Name_____
- Address_____
- Telephone Number_____
3. Applicant's Name_____
- Address_____
- Telephone Number_____
4. Applicant is: Owner____ Agent____ Purchaser____ Lessee____ Optionee____
5. The property is located in the vicinity of the following streets:

6. Area of property _____square feet _____acres
7. Utilities: Central Water_____ Septic Tank_____
8. Existing zoning is _____
9. A Conditional Use Permit is requested that is expressly permissible in Section _____, Subsection _____, Paragraph _____, of the Zoning Ordinance.
10. State the reasons or basis for this request_____
- _____
- _____

11. Number of existing structures on the property and the present use of the structures and property _____

12. Proposed Use of Property _____

13. Has any previous application been filed within the last year in connection with this property? ____ Yes, ____ No. If Yes, briefly describe the nature of the request.

14. A Conceptual Site Plan prepared in accordance with submittal requirements is herewith attached. Yes _____ No _____.
15. If the project is to be developed in phases, give a brief description of how it will be phased. _____

16. The exact legal description of the property being petitioned is evidenced by the attached Tax Receipt or Warranty Deed. For property being petitioned that is a portion of that shown on the Tax Receipt or Warranty Deed, a current survey of such property is required. _____

SURROUNDING PROPERTY OWNERS LIST

List of owner's names and mailing addresses for all property lying within three hundred feet (300') surrounding the property legally described on page two of this application, as recorded on the latest official county tax rolls which are located in the office of the Lake County Property Appraiser.

Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code

Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code

Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code

Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code

Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code

APPLICANT'S AFFIDAVIT

STATE OF FLORIDA COUNTY OF LAKE

Before me, the undersigned authority, personally appeared _____, who being by me first duly sworn on oath, deposes and says:

1. That he/she affirms and certifies that he understands and will comply with all ordinances, regulations, and provisions of the City of Minneola, Florida, and that all statements and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further that this application and attachments shall become part of the Official Records of the City of Minneola, Florida, and are not returnable.
2. That the submittal requirements for the application have been completed and attached hereto as part of that application.
3. That he/she desires a CUP to allow _____

Affidavit (Applicant's Signature)

This is to certify that on _____, 20____ Before me, an officer duly authorized to take acknowledgments in the State and County aforesaid, Personally appeared _____, He/She is personally known to me or has produced _____ as identification and Did (Did Not) Take an Oath.

SEAL

Signature of Acknowledger

Name of Acknowledger Typed

Serial Number

My Commission Expires

OWNER'S AFFIDAVIT

STATE OF FLORIDA COUNTY OF LAKE

Before me, the undersigned authority, personally appeared _____, who being by me first duly sworn on oath, deposes and says:

1. That he/she is the fee-simple owner of the property legally described on page two of this application.
2. That he/she desires a CUP to allow _____
_____.
3. That he/she has appointed _____
to act as agent in his/her behalf to accomplish the above. The owner is required to complete the applicants' affidavit for this application if no agent is appointed to act on his behalf.

Affidavit (Owner's Signature)

This is to certify that on _____, 20____ before me, an officer duly authorized to take acknowledgments in the State and County aforesaid, personally appeared _____. He/She is personally known to me or has produced _____ as identification and did (Did Not) Take an Oath.

SEAL

Signature of Acknowledger

Name of Acknowledger Typed

Serial Number

My Commission Expires