

Development and Growth Management Development Coordination Division

INSTRUCTIONS FOR ZONING COVENANT

PLEASE READ INSTRUCTIONS THOROUGHLY

It is recommended that you contact a representative of Development and Growth Management (DGM) at TampaZoning@tampagov.net or (813) 274-3100, option 2, prior to submitting your application to ensure that you receive the correct letter for your needs.

A zoning covenant letter is for recognition of a single zoning lot for setbacks and density. For properties zoned for multifamily uses.

Submittal of Covenant Letter

- Submit covenant letter with legal description.
- Record with Clerk of Circuit Court.
- Submit to TampaZoning@tampagov.net

Revised 02/2025

COVENANT REGARDING ZONING

This Covenant is made on this	day of	, 202_, by the undersigned
(s) B.	Owner (s) A and _	Owne
		cel A and Parcel B, respectively, fee 'A', attached hereto and made a part
WHEREAS, Parcel A and Parcel B zoning lot as said term is defined by		oped and improved collectively as one e; and
	rehend and are on notice th	wner (s) B and future property owners nat Parcel A and Parcel B may only be with parcel A and Parcel B's zoning
NOW, THEREFORE, in considerat contained herein, the sufficiency of agree as follows:		es and other valuable considerations dged, Owner (s) A and Owner (s) B
and used in the City of Tampa Zonii	ng Code, as amended. The	e "Zoning Lot", as such term is defined intent of this covenant if to consider ng, rezoning and comprehensive plan
2. This Covenant shall be improved the Public Records of Hillsborough Cou "Owner (s) A" and "Owner (s) B" he assigns.	nty, Florida and shall run w	ith the land, and the use of the terms
3. This Covenant may be ame both Owner (s) A and Owner (s) B a Tampa Zoning Administrator to ens	and any such instrument sha	all require approval of the City of
4. This Covenant is related to	City of Tampa Building Peri	mit BLD-2
Executed on the date above firs	t written.	

WITNESSES:	OWNER (S) A:
NAME:Type or Print	NAME: Type or Print
	ADDRESS:
NAME:Type or Print	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS:
WITNESSES:	OWNER (S) B:
NAME:	
Type or Print	Type or Print ADDRESS:
NAME:Type or Print	NAME: Type or Print
	ADDRESS:
STATE OF	
COUNTY OF	

		wledged before me this day of,
202_ by		who is personally known to me or who has
produced		as identification and who did (did not) take an oath
		NOTARY PUBLIC
		NAME:
		Type or print
		My Commission Expires:
(NO	TARIAL SEAL)	
STATE OF _		
COUNTY OF		
The foregoi	ng instrument was ackno	owledged before me this day of,
202_ by		who is personally known to me or who has
		as identification and who did (did not) take an
oath.		
		NOTARY PUBLIC
		NAME:
		Type or print
		My Commission Expires:
	(NOTARIAL SEAL)	
STATE OF _		
COUNTY OF		

	wledged before me this day of,
202_ by	who is personally known to me or who has
produced	as identification and who did (did not) take an oath.
	NOTARY PUBLIC
	NAME: Type or print
	My Commission Expires:
(NOTARIAL SEAL)	
STATE OF	
COUNTY OF	
	wledged before me this day of,
	who is personally known to me or who has
oath.	as identification and who did (did not) take an
odin.	
	NOTARY PUBLIC
	NAME:
	Type or print
	My Commission Expires:
(NOTARIAL SEAL)	
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RETURN TO: Eric Cotton, Zoning Administrator Eric.Cotton@tampagov.net

Exhibit A

Survey –Legal Description of Each Parcel