



DEVELOPMENT and GROWTH MANAGEMENT DEVELOPMENT COORDINATION

INSTRUCTIONS FOR APPLICATION - SPECIAL USE 2 ALCOHOLIC BEVERAGE (AB) SALES (AB2)

Please be aware that these instructions are provided as a guide to assist you in submitting your application online in the City's Accela Citizen Access system.

Application guidelines are derived from [Chapter 27](#) Zoning and City Policy.

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 will receive the correct guidance for your needs.

Our interactive maps for [Zoning types and locations](#) and [Alcoholic Beverage Sales locations](#), respectively.

Information Required by this Application:

- Special Use Site Plan (example attached),
- Floor Plan (for restaurants, bars, and lounges -- with occupancy -- per Florida Building Code),
- Survey (see [Section 27-127](#)(b)(3)(b) for layer requirement) to include an 'AB Sketch (a graphical depiction with square footage measurements of the location from where the sales activity will occur, i.e., "AB Sales Area"),
- Measurements required to demonstrate compliance with distance separation criteria ([Section 27-132](#)),
- Radius map listing uses within distance separation requirements,
- Any other required material as stated in [Chapter 27, Article II, Division 5](#) and [Section 27-156](#).

Submittal of an Electronic Application

- The application must be submitted online through the City's Accela Citizen Access (ACA) system at aca.tampagov.net.



- All information in Accela marked with an asterisk must be completed via the online form.
- All information requested or required by the application such as the owner/agent affidavit, any Exhibits, the Survey, and the Site Plan must be uploaded into Accela into the electronic record.

Fees

- Application (record) fees will be assessed through the Accela system when the application is accepted by staff.
- Fees are determined by City Council by resolution.
- Fees are payable online via MasterCard, VISA, American Express or Discover or through e-check.
- Personal checks and cash are not accepted.

Public Notice

The AB2 application requires public notice in accordance with [Section 27-149](#) of the City of Tampa Code of Ordinances. Once your application has been accepted, City of Tampa staff will provide you with instructions and the required documents, sign(s), and scheduling in order to complete the notice process.

SCHEDULING OF APPLICATIONS

Development and Growth Management (DGM) will assign a TENTATIVE public hearing date at time of submittal. Once DGM certifies the application, the public hearing date will be officially assigned. DGM routes the certified application to the City Clerk to be placed on the assigned City Council Agenda.

Note: Please check the Plat, Survey, Title Policy and all other documentation relating to your property prior to any application for design and construction. The City of Tampa and its staff DO NOT review for compliance with individual private deed restrictions and covenants.



SPECIAL USE 2 ALCOHOLIC BEVERAGE (AB) SALES (AB2)

**AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO
THE CITY OF TAMPA**

Multiple authorizations may be necessary if there is more than one property owner.

APPLICATION/RECORD NUMBER: _____

PROPERTY (LOCATION) ADDRESS(ES): _____

FOLIO NUMBER(S): _____

“That I am (we are) the owner(s) and record title holder(s) of the property noted herein”

Property Owner’s Name(s): _____ *

“That this property constitutes the subject of an application for the **SPECIAL USE 2 ALCOHOLIC BEVERAGE (AB) SALES (AB2).**”

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVES OF THE CITY TO ACCESS THE PROPERTY UNDERGOING REVIEW FOR THE ABOVE REFERENCED REQUEST. IF MY PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST FROM THE CITY. I ALSO CONSENT TO THE POSTING OF A SIGN ON MY PROPERTY IF THERE IS A THIRD-PARTY SUBMITTAL OF A PETITION FOR REVIEW.

"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described application and that the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his/her(their) agent(s) solely to execute any application(s) or other documentation necessary to affect such application(s)" (if applicable).

AGENT’S NAME: _____

The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter (if applicable).

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this



application. Both owner and agent must sign and have their names notarized.

Section 1: Owner Certification

STATE of FLORIDA

COUNTY of _____

Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202____, by:

Printed Name (Owner): _____

Signature: _____

Signature and Stamp of Notary Public: _____

Personally known or produced identification

Type of identification: _____



Section 2: Agent Certification

STATE of FLORIDA

COUNTY of _____

Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this _____ day of _____, 202____, by:

Printed Name (Agent): _____

Signature: _____

Signature and Stamp of Notary Public: _____

Personally known or produced identification

Type of identification: _____

* If the applicant/owner is a corporation, trust, LLC, Professional Association or similar type of arrangement, please provide documentation from the corporation, trust, etc., indicating that you have the ability to authorize the application.



Application for Special Use 2 Alcoholic Beverage (AB2)

Development & Growth Management 2555 E Hanna Avenue

Tampa, FL 33610

(813) 274-3100

LEGAL DESCRIPTION (use separate sheet if needed) MUST BE TYPED - DO NOT

ABBREVIATE:



Surveyor's
Name:

State Certificate #:
State of Florida

Date & Seal:



Application for Special Use 2 Alcoholic Beverage (AB2)

"Cut-Out" Legal

Development & Growth Management 2555 E Hanna Avenue
Tampa, FL 33610
(813) 274-3100

LEGAL DESCRIPTION (use separate sheet if needed) MUST BE TYPED --DO NOT

ABBREVIATE:

[Empty rectangular box for legal description]

Surveyor's Name: _____ State Certificate #: _____ Date & Seal: _____
State of Florida

Approved by (ROWStaff): _____

Legal Description is correct & complete: _____



DGM/Right-of-Way Section

Atlas Page:

Date of approval:



Application for Special Use 2

Alcoholic Beverage (AB2)

Development and Growth Management Development Coordination

2555 E Hanna Avenue Tampa, FL 33607

(813) 274-3100

Transportation Management Form

Beginning February 1, 1990, the City of Tampa began to implement the concurrency provisions of the State Growth Management Act. This form is to be utilized to monitor traffic volumes generated by development. Please complete the following information. Any application for a development permit will require this form to be completed and submitted to Development and Growth Management.

Current Use(s) of Land: _____

Proposed Special Use: _____

Structure Size or # of Units: _____

Structure Size or # of Units: _____

CERTIFICATION OF COMPLIANCE WITH THE SPECIAL USE CRITERIA

By signing the "AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA" I hereby state the following is true and correct

"That I have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby provide the following documentation that this property meets the requirements:"

List Documentation: _____

"That have read the conditions in the Zoning code, Chapter 27, which must be met by this Special Use Application and do hereby request a waiver or variance to the following conditions for the following reasons "

(Use additional pages if necessary): _____



Application for Special Use 2 Alcoholic Beverage (AB2)

ALCOHOLIC BEVERAGE MEASUREMENT FORM

Development & Growth Management 2555 E Hanna Avenue
Tampa, FL 33610
(813) 274-3100

EXHIBIT C

Applicant's Name: _____

Parcel Address (List all): _____

Proposed Special Use: _____

Requested AB Classification: _____

1. Are any waivers needed for this application? _____
 Distance from other alcoholic beverage sales establishment
 Distance from residential uses
 Distance from institutional uses

2. Will the establishment have a minimum capacity of 11 seats (Beer, Beer-Wine, Beer-Wine-Liquor in special restaurants) _____

3. Does the establishment have any outdoor seating? _____
3a. If yes, how many seats are located _____
outside? 3b. If yes, how many seats are _____

4. Is the subject site within a district requiring increased security, parking plan, or business hours of operation? _____
located inside?

4a. District Name? _____

5. Is the subject site within required distance separation of any other establishment(s) selling alcohol [250' for Urban Village/Mixed Use Corridor or 1000' for all other areas of City, not Business Center/Urban Village/Mixed Use Corridor]?
List in text box below by name, address, AB classification & distance from subject parcel (Enter Yes or No here)

6. Is the subject site within required distance separation of any residential use [250' for Business Center (West Shore & USF only)/Mixed Use Corridor or 1000' for all other areas of City, not Business Center/Urban Village/Mixed Use Corridor]?
List in text box below by address, zoning district & distance from subject parcel (Enter Yes or No here)

7. Is the subject site within 1000' of any institutional use [for all areas of City, not Business Center/Urban Village/Mixed Use Corridor]? **List in text box below by use, address & distance from subject parcel** (Enter Yes or No here)



Surveyor's Name:

State of FL Cert. #:

Date & Seal:



SPECIAL USE 2 ALCOHOLIC BEVERAGE (AB2) APPLICATION SITE PLAN REQUIREMENTS

An application for Special Use-2 Alcoholic Beverage (AB) sales (AB2) requires submittal of a Site Plan. The AB2 request will be evaluated based on compliance with the Transportation Division and the Tampa Comprehensive Plan in addition to the appropriateness of the site plan based on the requirements of Chapter 27 and other applicable land development regulations.

If the City Council grants the AB2 request, the Site Plan will be binding upon the owner and his/her successors in title. Development and use of the property shall only occur in strict conformance with the approved site plan. Any proposed changes to the approved site plan are subject to the approval of the Zoning Administrator through the Special Use 2 AB2 process.

The developer remains responsible for compliance with all applicable City Codes at time of building permitting.

REQUIRED GENERAL INFORMATION

- North Arrow, legend, scale.
- Drawing size (minimum allowed): 24" x 36" (alternate sizes may be permitted by the Zoning Administrator).
- Total acreage of the site.
- Total alcoholic beverage (AB) sales area.
- Total floor area ratio and total building square footage, if applicable.
- Business hours of operation, if applicable.
- AB classification, as defined in Section 27-43.
- Use with which the AB sales is associated/incidental.
- Statement of commitment to comply with all applicable City of Tampa development regulations.



EXISTING CONDITIONS

- Approximate location, size, and type of existing trees, water bodies, vegetation and other significant natural features.
- Name, location and width of all existing street and alley rights-of-way, within or adjacent to the site.
- Existing type and width of pavement on all streets and alley within or adjacent to the site.
- Location, width and use of all easements within or adjacent to the site.



PROPOSED IMPROVEMENTS

***For those permit requests that involve change of use, building additions, increases in intensity, aggregation of lands, change in alcoholic beverage locations or sales area, etc., the site plan shall provide the following:*

- Location, size, height, and use of all proposed buildings.
- Proposed building setbacks.
- Total floor area by proposed use and total AB Sales Area listed by "indoor" and "outdoor" and by floor, if sales to be located on multiple floors.
- Location and purpose of all areas dedicated or reserved to the public or to the inhabitants of the project.
- Location and dimensions of proposed parking and service areas, including typical parking space dimensions.
- Proposed circulation pattern, including access to adjacent streets and/or alleys.
- Proposed parking lot landscaping.
- Proposed buffering from adjacent residential Zoning Districts.
- Proposed location and method of Stormwater retention.
- Proposed location and screening of solid waste containers.
- Proposed location, size, and total amount of required open space, if applicable.
- Proposed location of new sidewalks and their dimension.

BUILDING IMPROVEMENTS

- State of Florida Building Code definition for types of construction proposed and existing (if applicable).
- Elevations of all side of structures required for new construction; if structures are existing, current photographs may be provided in-lieu of building elevations (if applicable).

EXAMPLE

24 MAX

TYPE OF S2 REQUESTED.
Indicate **PROPOSED AB SALES** and reason for request.)

**LOCATION
MAP:**

PROPOSED IMPROVEMENTS (DRAWING):

- Name, location, and width of existing street and alley rights-of-way, adjacent to the site.
- Width of existing pavement on all streets and alleys adjacent to the site.
- Location, width and type of all easements adjacent to the site.
- Clearly show the property boundaries of the parcel(s) involved in the special use.
- Location, size, height and use of all proposed additions and/or new buildings.
- Existing and proposed building setbacks
- Location and dimension of existing and proposed driveways, and parking areas include typical parking space.
- Existing and proposed parking lot landscaping.
- Approximate location and size of significant natural features such as trees, lakes, etc.
- Existing and proposed buffering from adjacent uses.

Show conceptual layout of proposed retention system.

LEGEND:

Case No.: _____ Date: _____

Date City Council Chairman

Date City Clerk

Certified Date Zoning Administrator

LEGAL DESCRIPTION:

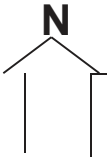
- Address
- Folio Number
- Square Footage

GENERAL NOTES:

TITLE BLOCK;

- Firm's name and address
- Revision block.
- Drawing data.

-The site plan must be to scale.
- Show North arrow.
- Project name and location.



THIS EXAMPLE FOR GENERAL INFORMATION ONLY

36" MAX

FOR S2 AB2 SITE PLAN REQUIREMENTS