Development and Growth Management Development Coordination Division

INSTRUCTIONS FOR APPLICATION - INCREMENTAL REVIEW (IRW)

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 or request to ensure that you will receive the correct guidance for your needs.

The Incremental Review application requires a Site Plan. (Please note that this process is different from a building permit and any plans submitted as part of a building permit application may not be available electronically in the Accela system.)

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, a survey, or 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.

Staff Review

Staff will distribute the Site Plan(s) to the Development Review Committee for their review and comment. At the completion of the review period (typically 14 business days), the applicant will be provided a package of comments requesting modifications to the site plan and/or additional information in order for staff to complete the review and issue an approval.

If necessary, this process will repeat with each submittal until the plan can be approved. Upon receipt of the package of comments, the applicant will be required to submit revised plans for a second review of the site plan.

Three (3) submittals (including the initial submittal) may be processed with no additional fee. Upon the fourth submittal (and all subsequent submittals), an additional fee of 25 percent of the original fee will be required.

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 covenant

INCREMENTAL REVIEW (IRW)

AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION andAUTHORIZED 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 INCREMENTAL REVIEW (IRW)."

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 SUBMITTALOF 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/FIRM 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.