



Land Use & Environmental Services Division (850) 891-7100
 Location: 435 N. Macomb Street
 Mail: 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301-1731
 Fax: (850) 891-7184 Florida Relay Service TDD: 711

PARKING STANDARDS COMMITTEE REVIEW

This application should be submitted to the Growth Management Department, Division of Land Use and Environmental Services. Submittal must include following items:

- Completed Application Form (*original*)
- Completed Owner's Affidavit (*original*)
- Parking study/justification statement providing a basis for the request. The statement must document the source of data used to justify the request.
- Fully-dimensioned traffic circulation/parking plan at a scale sufficient to show all of the necessary information to conduct a review.
- Color documents should also be submitted in electronic form in one of the following formats: .tif, .pdf, .jpeg, or .bmp.
- Filing fee of \$345.00.

1. Property Owner's Name: _____
 Mailing Address: _____

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Telephone/Fax Number: _____

E-Mail Address: _____

2. Applicant's (Optionee) Name: _____
 Mailing Address: _____

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Telephone/Fax Number: _____

E-Mail Address: _____

3. Agent's Name: _____
 Mailing Address: _____

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Telephone/Fax Number: _____

E-Mail Address: _____

4. Parcel Tax ID # (s): _____

5. LUCC #: _____

6. Project Name: _____

7. Is this a Resubmittal? Yes No

8. Zoning District: _____

9. Land Use Type:
- | | |
|---|---|
| <input type="checkbox"/> 01--Residential Multi-Family | <input type="checkbox"/> 05--Restaurant |
| <input type="checkbox"/> 02--Non-Medical Office | <input type="checkbox"/> 06--General Retail |
| <input type="checkbox"/> 03--Medical Office | <input type="checkbox"/> 07--Light Industrial |
| <input type="checkbox"/> 04--Institutional | <input type="checkbox"/> 08--Heavy Industrial |

10. Parking Standards Committee review is being requested for (check all that apply):

- a. An increase from the specified on-site parking requirements.
- b. A decrease from the specified on-site parking requirements.
- c. A request for pervious parking.
- d. A modification to the Off-Street Parking Space Standards
- e. Other (Specify): _____

| | Required | Proposed |
|-------------------------------|----------|----------|
| 11. Number of Parking Spaces: | _____ | _____ |
| Number of Bicycle Spaces: | _____ | _____ |
| Number of Loading Berths: | _____ | _____ |

Note: Pursuant to the City of Tallahassee Land Development Code, no parking space required for the handicapped shall be counted as a parking space in determining compliance with the City of Tallahassee Land Development Code.

12. This request is being filed in conjunction with or in anticipation of the following:

- | | |
|---|--|
| <input type="checkbox"/> Construction of a New Building(s) | <input type="checkbox"/> Reuse of an Existing Building |
| <input type="checkbox"/> Expansion of an Existing Building(s) | <input type="checkbox"/> Other (Specify): _____ |

13. Pursuant to the City of Tallahassee Land Development Code, check the public interest(s) that is to be served as a result of the parking standard modification:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Environmental Protection | <input type="checkbox"/> Aesthetics | <input type="checkbox"/> Drainage |
| <input type="checkbox"/> Heritage Conservation | <input type="checkbox"/> Tree Protection | |

14. Total amount of building square feet existing: _____

15. Total amount of building square feet to be added: _____

16. Signature of Applicant(s): _____

PROPERTY OWNER, APPLICANT (OPTIONEE), AND AGENT WILL BE COPIED ON ALL CORRESPONDENCE FROM THE GROWTH MANAGEMENT DEPARTMENT.