

# City of Safety Harbor Application for DESIGN INCENTIVE BONUS

Date Received:	
File Number:	
Staff Reviewer:	

## 1. PROPERTY OWNER:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

## 2. APPLICANT (if same as property owner, write "Same"):

Business Name:		
Address:		
Telephone:	Fax:	E-Mail:

## 3. SITE INFORMATION:

Address:		
Project Acres:	Sq. Ft.	# of Residential Units (if Residential/Mixed-Use):
Parcel ID#:		
Subdivision:	Lot#	Block#:
Future Land Use Designation:	Zoning Classification:	

**\*\*\*Please note that qualifying for this incentive must be completed prior to submittal of a building permit.**

### PLEASE CHECK ONE. THE PROJECT IS:

- RESIDENTIAL SINGLE-FAMILY DETACHED
- RESIDENTIAL SINGLE-FAMILY SEMI DETACHED
- RESIDENTIAL SINGLE-FAMILY ATTACHED
- NON-RESIDENTIAL OR MIXED USE

**4. PLEASE LIST ALL DESIGN ELEMENTS INCLUDED AND POINTS REQUESTED. TOTAL POINTS SHALL MEET OR EXCEED 25 POINTS AND INCLUDE AT LEAST ONE SETBACK INCREASE TO QUALIFY FOR A DESIGN INCENTIVE BONUS. REFER TO LDC 171.00 (C) OR (D) FOR A LIST OF ELIGIBLE DESIGN ELEMENTS AND POINT VALUES**

TYPE OF ELEMENT	DESCRIPTION	POINTS

		<b>TOTAL POINTS</b> =

**5. REQUIRED INFORMATION:**

- Completed Application
- Architectural drawings that demonstrate design elements eligible for design incentive points as provided in LDC 171.00 (C) or (D)
- Notarized affidavit (see attached)

# NOTARIZED AFFIDAVIT

I and/or we, the undersigned certify ownership of the property within this application, certify that said ownership has been fully divulged, whether such ownership be contingent or absolute, and that the names of all parties to any existing contract for sale or any options to purchase are filed with this application.

I/we, certify that \_\_\_\_\_ and \_\_\_\_\_ is/are duly designated as the agent(s) for the owner, that the agent(s) is/are authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition. Further, it is understood that this application must be complete and accurate, and the fee paid prior to processing.

STATE OF FLORIDA  
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_. They are  Personally Known OR  Produced Identification \_\_\_\_\_ Type of identification

\_\_\_\_\_

Signature of Title Holder

\_\_\_\_\_

Printed Name of Title Holder

\_\_\_\_\_

Signature of Title Holder

\_\_\_\_\_

Printed Name of Title Holder

\_\_\_\_\_

Signature of Notary

\_\_\_\_\_

Name of Notary [typed, printed or stamped]

**NOTARY  
STAMP**