

WINTER HAVEN

The Chain of Lakes City

City of Winter Haven Application for Special Approval

Planning Division
451 Third Street, NW
Winter Haven, Florida 33881
Telephone: 863-291-5600

For Official Use Only:

Date Received: _____ Received By: _____
Fee Received: _____ Meeting Date: _____

Contact Information:

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone: _____ Email: _____

Name of Agent, if applicable: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Information:

Location of Property: _____

Zoning of Property: _____

Future Land Use of Property: _____

Parcel Identification Number(s): _____

Legal Description of the Property (attach metes and bounds description if applicable):

Present Use of Property: _____

Total Acreage: _____

Description of Proposed Use:

1. What is the proposed use for this location?

2. What is the size of the proposed use (Building square footage or acres)?

3. What are the projected hours of operation? _____

4. How many employees will be located at this site? _____

5. How many seats will be located at this site? _____

6. How many off-street parking spaces will be provided? _____

7. Projected number of vehicle trips that will be generated by this use: _____

8. Please submit the following support documentation:

- a. Location map showing parcel(s) and location of all streets serving the site.
- b. Site plan, drawn to scale, showing all buildings; parking areas; access points to property; locations of refuse containers; locations of signs; and landscaping buffer areas.
- c. Map showing location of all utilities intended to serve the development site.
- d. Map showing all wetland locations and flood prone areas.
- e. For alcoholic beverage establishments, a security plan including, but not limited to, the following:
 - Name and contact information for the owner and manager/proprietor;
 - An emergency evacuation plan consisting of a diagram/layout showing at a minimum building exits, parking areas and property boundaries;
 - Total allowed maximum occupancy per the Florida Fire Prevention Code and City of Winter Haven Fire Marshal;

- The contact information for insured/bonded security companies/officers;
- Procedures for inspection of identification so as to not allow underage consumption;
- Exit plan for a gradual staged exit prior to, and at closing time, to establish and maintain order inside and outside the premises;
- When security staff is utilized, the location of security staff inside and outside the establishment;
- Number and locations of security cameras;
- Depiction of signage displaying a patron code of conduct or statement of enforcement of the rules of conduct, including a statement to be respectful of neighbors (especially nearby residential) when they leave the establishment;
- Procedures for the following:
 - Rendering aid/calling 911 for injuries or illness;
 - Interacting with and/or removing disorderly patrons;
 - Response to physical and/or verbal altercations;
 - Response to weapons;
 - Mitigation of noise off-site;
 - Mitigation of loitering in parking areas during or after hours of operations;
 - Reporting of drug use;
 - Reporting of underage drinking.

Agent, Lessee, or buyer signature

(I) (WE) _____ being
duly sworn, depose and say that (I) (WE) serve as _____
Agent or Lessee

For the owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this capacity. Further, (I) (WE) depose and say that the statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or

online notarization this _____ day of _____, 20____, by

_____, who is personally known to me or has produced

_____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED, PRINTED or STAMPED NAME OF NOTARY PUBLIC

STAMP & DATE MY COMMISSION EXPIRES: _____

Ownership signature

(I) (WE) _____
being duly sworn, depose and say that (I) (WE) own one or more of the properties involved in this petition and that (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the Planning Commission with respect to preparing and filing this petition and that the foregoing statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

SIGNED: _____

SIGNED: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED, PRINTED or STAMPED NAME OF NOTARY PUBLIC

STAMP & DATE MY COMMISSION EXPIRES: _____