COMMUNITY DEVELOPMENT DEPARTMENT
300 WEST PLANT STREET
WINTER GARDEN, FLORIDA 34787

P: 407.656.4111
F: 407.654.1258
WWW. WINTERGARDEN-FL.GOV

LAND USE REVIEW APPLICATION

PROCESS:

THE CITY IS OFFERING A LAND USE VERIFICATION PROCESS FOR ALL NON-RESIDENTIAL AND COMMERCIAL USES. EFFECTIVE JANUARY 4, 2010 ALL NEW BUSINESSES AND RE-USE OF EXISTING PROPERTIES NEED TO COMPLETE AND SUBMIT THE ATTACHED LAND USE REVIEW FORM PRIOR TO SUBMITTING THE LOCAL BUSINESS TAX APPLICATION TO THE BUILDING DEPARTMENT. THE LAND USE REVIEW MUST BE APPROVED BY THE PLANNING AND ZONING DEPARTMENT PRIOR TO THE ISSUANCE OF THE LOCAL BUSINESS TAX.

THERE IS NO CHARGE TO THE CUSTOMER FOR PROCESSING THE LAND USE REVIEW FORM. THE FORM IS ATTACHED AND CAN BE FAXED ONCE COMPLETED TO 407.654.1258, ATTENTION: PLANNING & ZONING, MAILED TO THE CITY OR HAND DELIVERED TO OUR OFFICES AT 300 WEST PLANT STREET, WINTER GARDEN, FLORIDA 34787.

THE PLANNING AND ZONING DEPARTMENT WILL VERIFY THAT THE PROPOSED BUSINESS CONFORMS TO THE APPLICABLE ZONING DESIGNATION, COMPREHENSIVE PLAN, AND LAND DEVELOPMENT CODE. IMPROVEMENTS TO THE SITE AND/OR BUILDING MAY BE NECESSARY PRIOR TO OCCUPYING THE BUILDING. CERTAIN USES MAY REQUIRE A SPECIAL EXCEPTION PERMIT FROM THE PLANNING AND ZONING BOARD. A SEPARATE APPLICATION, FEE, AND PROCESS IS REQUIRED FOR THE SPECIAL EXCEPTION PERMIT. THE PLANNING AND ZONING DEPARTMENT WILL ALSO DETERMINE IF ANY ADDITIONAL IMPACT FEES OR CITY FEES WILL BE DUE PRIOR TO OR AT THE TIME OF ISSUANCE OF THE LOCAL BUSINESS TAX.

THE PROPERTY MAY BE A PART OF AN OVERLAY DISTRICT. DOWNTOWN AND WEST COLONIAL DRIVE HAVE RESTRICTIONS THAT MAY PROHIBIT THE USES. A CHANGE OF USE MAY TRIGGER CONFORMANCE TO ALL ASPECTS OF THE CITY CODE INCLUDING BUT, NOT LIMITED TO, LANDSCAPING, SIGNAGE, BUILDING AESTHETICS, AND UTILITY CONNECTION.

THE BUILDING DEPARTMENT AND FIRE DEPARTMENT WILL REVIEW THE BUILDING FOR ANY CHANGE IN OCCUPANCY. OTHER POSSIBLE REQUIRED BUILDING MODIFICATIONS WILL BE EVALUATED WITH THE LAND USE REVIEW. ALL REQUIRED CHANGES MUST BE COMPLETED TO THE SITE AND/OR BUILDING PRIOR TO OCCUPANCY.

LAND USE REVIEW APPROVAL IS BASED ON INFORMATION PROVIDED BY THE APPLICANT. ANY DIFFERENCES BETWEEN THE INFORMATION PROVIDED BY THE APPLICANT AND THE ACTUAL USE OF THE PROPERTY MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF THE TAX RECEIPT ISSUED FOR THE BUSINESS. IN ADDITION, THE CITY MAY IMPOSE CERTAIN RESTRICTIONS OR CONDITIONS ON THE BUSINESS AS ALLOWED BY LAW. ANY VIOLATION OF THESE RESTRICTIONS OR CONDITIONS MAY ALSO BE JUST CAUSE FOR IMMEDIATE REVOCATION OF THE TAX RECEIPT.

QUESTIONS OR INQUIRES MAY BE DIRECTED TO ANY CITY PLANNER IN THE PLANNING DEPARTMENT: 407.656.4111 EXT 2312 OR 2292.

THE FOLLOWING USES ARE EXEMPT FROM OBTAINING A LAND USE REVIEW:

- SINGLE FAMILY AND MULTI-FAMILY RESIDENCES
- CHANGE OF OWNERSHIP OF EXISTING BUSINESSES
- NAME CHANGE (SAME ADDRESS)
- BUSINESS TAX RENEWALS
- COMMERCIAL/INDUSTRIAL APPROVED SITE PLANS WITH BUSINESS NAME (IE; WALGREEN'S DRUGSTORE)
- GOVERNMENT USE BUILDINGS (AS LONG AS LAND USE AND ZONING ALLOWS USE)

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LAND USE REVIEW APPLICATION

THIS REVIEW IS USED IN CONJUNCTION WITH THE LOCAL BUSINESS TAX APPLICATION PRIOR TO RECEIVING YOUR LOCAL BUSINESS TAX, THIS FORM MUST BE COMPLETED BY THE APPLICANT AND APPROVED BY THE PLANNING AND ZONING DEPARTMENT. PLEASE PROVIDE THE COMPLETED FORM WITH YOUR LOCAL BUSINESS TAX APPLICATION. *(AN INCOMPLETE FORM WILL CAUSE A DELAY IN PROCESSING.)*

APPLICANT / BUSINESS INFORMATION:

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FACSIMILE: _____ EMAIL: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS *(IF DIFFERENT FROM ABOVE)*: _____

CITY: _____ STATE: _____ ZIP: _____

PROPOSED LOCATION / PROPERTY OWNER INFORMATION:

PROPOSED ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FACSIMILE: _____ EMAIL: _____

BUSINESS OPERATION INFORMATION:

SQUARE FOOTAGE OF OCCUPIED SPACE (UNIT): _____

HOW MANY PARKING SPACES ARE PROVIDED? _____

HOW MANY CUSTOMERS DO YOU ANTICIPATE VISITING YOUR LOCATION EACH DAY? _____

WILL YOU BE SELLING/DISPLAYING/STORING ANY GOODS OR MERCHANDISE OUTSIDE? ☐ Yes ☐ No

HOW MANY EMPLOYEES WILL YOU HAVE? _____ WHERE WILL THEY PARK THEIR VEHICLE? _____

IS YOUR BUSINESS A RESTAURANT? ☐ Yes ☐ No If Yes, Provide Number of Seats? _____

DO YOU USE A TRAILER FOR YOUR BUSINESS? ☐ Yes ☐ No If Yes, Where Do You Store It? _____

TYPE OF BUSINESS: _____

BUSINESS DESCRIPTION*(IN DETAIL EXPLAIN BUSINESS OPERATION)*: _____

_____

_____

SIGNATURE OF APPLICANT:

I, _____, OWN, RENT/LEASE (CIRCLE ONE), THE PROPERTY LISTED ABOVE AND WILL BE USING THIS LOCATION IN THE OPERATION OF THE ABOVE LISTED BUSINESS. I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY TAX RECEIPT ISSUED TO ME.

_____
APPLICANT'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____ BY _____, WHO DID NOT TAKE AN OATH.

☐ PERSONALLY KNOWN OR;
☐ PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

Notary Seal

_____
SIGNATURE OF NOTARY