

**Tallahassee-Leon County Canopy Road Citizen's Committee Request for
Review**

Tallahassee-Leon County Planning Department

Location: Frenchtown Renaissance Building, 435 North Macomb Street, Box A-24, Tallahassee, FL 32301

Phone: (850) 891-6400; Fax: (850) 891-6404

Property Owners Name: _____

Address: _____

City

State

Zip

Telephone Number: _____ **Fax Number:** _____

E-Mail Address: _____

Name of Requestor: _____

(If requestor is other than the property owner, then an owner's affidavit will be required.)

Address: _____

City

State

Zip

Telephone Number: _____ **Fax Number:** _____

E-Mail Address: _____

Property Tax ID#: _____

Description of Request: _____

Signature

Date

Tallahassee-Leon County Canopy Road Citizen's Committee Request for Review Checklist

Tallahassee-Leon County Planning Department

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To schedule an appearance before the Tallahassee-Leon County Canopy Road Citizen's Committee, a completed application is required by 5:00 p.m. three weeks before a scheduled meeting. The completed application may be submitted to planning@talgov.com or submitted in person. The Tallahassee-Leon County Canopy Road Citizen's Committee meets the third Monday of every other month (special meetings may be called at the request of the Land Use Planning Supervisor).

The request for appearance and review before the committee shall include the following:

1. Completed Application
2. Applicant's Affidavit of Ownership and Designation of Agent indicating agent if application is not submitted by the property owner.
3. Narrative providing detailed information related to the number and size of protected trees impacted by the proposed development accompanied by a mitigation plan which shall include, at a minimum the following:
 - a. What is the project? - Explain the project and its purpose.
 - b. Where is the project? - Provide a general location map showing where the project is in relation to major intersections. Also show close-ups of the project.
 - c. Alternatives – Explain the proposed impacts for the preferred design and why it is necessary to remove/impact trees within the Canopy Road Protection Zone. ALSO provide alternatives to the preferred design, and provide an analysis of why these alternatives would or would not be feasible.
 - d. How many trees will be impacted? – Provide a narrative which discusses such characteristics as understory density and species composition, tree species and size distribution, high bank areas and opacity, as appropriate. *Provide a tree survey of the area of the Canopy Road Protection Zone which will be impacted by the project. This survey must show trees of 2" and over diameter at breast height. Photos of the areas proposed for impact are extremely helpful. ALSO provide this survey information for the alternative designs. If multiple alternatives are presented, a table showing the size and species of trees to be impacted by each alternative should be provided.*

- e. **Status** – Where in the development review process is this project? What is the project timeline?
 - f. **Mitigation** – What will the applicant do to mitigate any impacts to the Canopy Road Protection Zone?
 - g. **Provide** any appropriate site distance calculations.
 - h. **What action** is being sought from the Canopy Road Citizen’s Committee?
4. Existing conditions site plan
5. Written documentation that appropriate City or County staff have been consulted on this project (i.e., Public Works, Growth Management or Utilities). The applicant may wish to summarize any discussions in memo form to appropriate staff and include the memo with the application materials. For example, if the preferred location of a turn lane was agreed upon by the applicant and a public works staff member, then the applicant should summarize that agreement in a memo to the public works staff member and include a copy with the application.

Additional information may be required by staff in order to address issues related to health, safety and welfare of the general public. The information noted above shall be validated by a registered engineer, surveyor and/or arborist unless specifically waived by the Director of the Planning Department.

All materials are due three weeks prior to the targeted meeting date.

Meeting dates may be viewed at <http://www.talgov.com/planning/environ/environ.cfm>.



**TALLAHASSEE - LEON COUNTY
PLANNING DEPARTMENT**



**APPLICANT'S AFFIDAVIT OF
OWNERSHIP & DESIGNATION OF
AGENT**

I. Ownership.

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: _____

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Provide Names of General Partners:

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.) _____

IV. Acknowledgement.

Individual

Signature
Print
Name: _____
Address: _____

Phone No.: _____

Corporation

Print Corporation Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No.: _____

Partnership

Print Partnership Name
By: _____
Signature
Print
Name: _____
Its: _____
Address: _____

Phone No. : _____

Please use appropriate notary block.

STATE OF _____
COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known _____; or
Produced identification _____.
Type of identification produced: _____

Signature of Notary
Print Name: _____
Notary Public

(NOTARY STAMP)

My commission expires: