



**PINELLAS COUNTY UTILITIES ENGINEERING
14 S. FT. HARRISON AVE.
CLEARWATER, FL 33756
(727) 464-3588**

**APPLICATION FOR GENERAL EXEMPTION
WITHIN THE ZONE OF PROTECTION**

A. INSTRUCTIONS

Please type or print legibly in ink. Complete all items, noting "not applicable" as required. Include all information, drawings and reports necessary to evaluate the facility. Information required to support the application is listed on the attached pages of this form. Submit two (2) copies of the complete application and supplemental information to the above address.

NOTE: Enclose a check or money order in the amount of one hundred dollars (\$100.00) made payable to the Pinellas County Board of County Commissioners to defray the costs of processing this application. **THE DEPARTMENT WILL NOT PROCESS THE APPLICATION UNLESS PAYMENT IS ENCLOSED.**

B. GENERAL INFORMATION

Facility Name _____

Facility Owner _____

Facility Location _____
(Street)

(City) (State) (Zip)

Mailing Address _____
(Street)

(City) (State) (Zip)

Applicant's Name _____

Telephone Number _____

Contact Person & Title _____

C. EXEMPTION CLAIMED

Indicated the type of exemption claimed for the facility under the provision for General Exemptions in Zones of Protection.

- ☐ 1. Exemption for parks..... (166-200(a))
- ☐ 2. Exemptions for fire, police, emergency medical services & County
emergency management center facilities..... (166-200(b))
- ☐ 3. Exemptions for utilities..... (166-200(c))
- ☐ 4. Exemption for retail sales activities..... (166-200(g))
- ☐ 5. Exemption for office uses and churches..... (166-200(h))
- ☐ 6. Residential development..... (166-200(j))

D. REQUIRED ATTACHMENTS

For a General Exemption claimed under 1., 2., 3., 4., 5. or 6. above, attach to this application two (2) completed copies of the "Application for Permit to Operate" Within the Zone of Protection. Include all necessary attachments.

E. STATEMENT OF JUSTIFICATION

Provide a concise statement detailing the circumstances which the applicant believes would entitle him/her to a General Exemption.

F. CERTIFICATION BY APPLICANT

The undersigned (owner), (operator) or (authorized representative)* of _____

certifies that the information in this application for a General Exemption is true, correct and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to comply with the provisions of Pinellas County Ordinance No. 90-2 and the rules of the Pinellas County Utilities. The Utilities Department shall be notified upon the sale or legal transfer of the permitted facility. The undersigned agrees to indemnify and hold Pinellas County harmless from any and all claims, liabilities, causes of action, or damages arising out of the issuance of the permit, to the extent permitted by Florida law. The undersigned certifies that this document has not been altered from its original form.

Signature of the Owner, Operator or Authorized Representative*

Name and Title

Date

*ATTACH A LETTER OF AUTHORIZATION