



**TOWN OF LAUDERDALE-BY-THE-SEA, FLORIDA  
DEVELOPMENT SERVICES DEPARTMENT  
4501 N. Ocean Dr. LBTS, FL 33308  
Phone (954) 640-4210/Fax (954) 634-4654**

**PAYMENT IN LIEU OF PARKING  
(PILOP) APPLICATION**

**Applicant Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Property Owner (if different than Applicant):** \_\_\_\_\_

**Legal Description: Lot** \_\_\_\_\_ **Block** \_\_\_\_\_ **Folio Number:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Contact Information: Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

	Square Footage	Number of Spaces
Required Parking @ 1:___ Square Feet		
Provided On-Site @ 1:___ Square Feet		

**Parking Deficiency**

Parking Spaces Required: \_\_\_\_\_ Parking Spaces Provided: \_\_\_\_\_

Parking Deficiency: \_\_\_\_\_

This application for payment in lieu of parking is submitted with the understanding that, if approved, the permit will be issued to the property owner subject to applicable conditions as specified in Chapter 30, Section 30-321 of the Code, including the payment of all applicable fees. The property owner understands that these conditions will be set forth in the permit and that such permit shall not be effective until all application conditions have been met.

**Signature of Applicant:** \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_

**OWNER'S AFFIDAVIT:** I certify that the foregoing information is accurate.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may found in the public record of the Town or County, and there may be additional permits required from other governmental entities.

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Signature (Property Owner)	Printed Name	Date
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Notary	Date
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My Commission Expires \_\_\_\_\_