City of Apalachicola

Apalachicola, FL 32320
850-653-9319 / 850-653-2205 Fax

QUASI-JUDICIAL
VARIANCE REQUEST

Name: __________________________ Telephone: __________________________

Address: ___________________________________________________________

Agent: __________________________ Telephone: __________________________

Address: ___________________________________________________________

PROPERTY DESCRIPTION: Legal description of property

Subdivision: __________________________ Block(s) __________ Lot(s) __________

Parcel ID#: _________________________________________________________

Address of Property: ________________________________________________

Current Zoning and Land Use: __________________________________________

Corner Lot: Yes / No        Waterfront Lot: Yes / No        Historic District: Yes / No
NATURE OF PETITION

Provide a detailed explanation of the request including what structures are existing and what is proposed; the amount of the encroachment proposed using number, i.e. reduce front setback from 2’ to 18’; when property owner purchased property; when existing principal structure was built (including building permit numbers if possible), why encroachment is necessary; how existing encroachment came to be; etc.
Please note that the Board of Adjustment shall be guided in its determination to approve or deny a variance request by the below listed criteria. Please address these criteria using additional pages if necessary.

1. Are there existing special conditions and circumstances which are peculiar to the location, size and characteristics of the lot, structure or building involved and which are not applicable to other lots, structures or buildings in the same zoning district?

2. Are there special conditions and circumstances which do not result from the action of the applicant such as pre-existing conditions relative to the property which is subject of the variance request?
3. How will literal interpretation of the provisions of the Land Development Code work unnecessary and undue hardship on the applicant or deprive the applicant of rights commonly enjoyed by other properties in the same zoning district?

4. What is the minimum variance that will make possible the reasonable use of the lot, building or structure and which promote standards of health, safety or welfare?
5. How will granting the variance request not confer on the petitioner any special privilege that is denied by these zoning regulations to other lots, buildings or structures in the same zoning district?

6. How will granting the variance be in harmony with the intent and purpose of the Land Development Code a non-injurious to the neighborhood or otherwise detrimental to the public welfare?
7. How will granting the variance be consistent with the Land Development Code?

8. Please provide any other information which may be necessary for the Board of Adjustment to make an informed decision on this matter.

______________________________  ______________________________
Signature of Property Owner       Printed Name of Property Owner

______________________________  ______________________________
Signature of Property Owner       Printed Name of Property Owner

______________________________
Date
AFFIDAVIT

We/1, ____________________________________________, being first duly sworn, depose and say that we/1 am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of my/our knowledge and belief. We/1 understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated or City printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted.

As property owner(s) We/1 further authorize ____________________________________________ to act as our/my representative in any matters regarding this Petition.

________________________________________________________
Signature of Property Owner

________________________________________________________
Signature of Property Owner

________________________________________________________
Typed or Printed Name of Owner

________________________________________________________
Typed or Printed Name of Owner

STATE OF FLORIDA
COUNTY OF ________________________________

The foregoing instrument was acknowledged before me this _______ day of _________, 20____, by __________________________________________, who is personally known to me or has produced ___________________________ as identification.

(NOTARIAL SEAL)

NOTARY PUBLIC
Printed Name:
Commission Number:
Commission Expires:

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