



**City of Apalachicola Board of Adjustment  
Application for Variance**

**Official Use Only**

Date Received: \_\_\_\_\_  
 Meeting Date: \_\_\_\_\_  
 Fees Due: \_\_\_\_\_  
 Date Fees Paid: \_\_\_\_\_

**OWNER INFORMATION**

**REPRESENTATIVE INFORMATION**

*(if applicable)*

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPERTY INFORMATION**

Street Address (911 Address): \_\_\_\_\_  
 City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parcel ID #: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Land Use: \_\_\_\_\_  
 Historic District    Non-Historic District   FEMA Flood Zone: \_\_\_\_\_  
 Acreage/Square Footage of Property: \_\_\_\_\_

**REQUEST STATEMENT: (State your variance request in one sentence.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICIAL USE ONLY**

Public Notice:  
 ➤ Letters Sent \_\_\_\_\_  
 ➤ Signs Posted \_\_\_\_\_  
 ➤ Advertisements \_\_\_\_\_

**STAFF NOTES/RECOMMENDATIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fee Schedule:**

**Quasi-Judicial Variance Requests**

**\$1,600.00**

*NOTE: Fees for application of a Variance Request are due at time of application and are non-refundable – this includes denied applications. This is a basic application provided through the City based on our Land Development Code (LDC.) Please be aware that other documentation may be required by City Staff.*

## CERTIFICATION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and have read and understand the following:

1. I/We hereby attest to the fact that the above supplied property address(es), parcel numbers(s), and legal description(s) is(are) the true and proper identification of the area of this petition.
  
2. I/We authorize staff from the City of Apalachicola to enter the property in question during regular business hours in order to take photos which will be placed in the permanent file.
  
3. I/We understand that the application fee is due at the time of application submission, the payment is nonrefundable, and that payment does not guarantee a successful request.
  
4. I/We understand that the Board of Adjustment is the authority on all variance requests. The Board of Adjustment reserves the right to table a decision and request more information from the applicant.
  
5. I/We understand that the COA review time period will not commence until the application is deemed complete by staff and may take up to 30 business days to process. I further understand that an incomplete application submittal may cause my application to be deferred to the next available meeting date.
  
6. I/We understand that an agenda and staff report (if applicable) will be available on the City's website approximately one week before the Board of Adjustment meeting.

---

DATE

---

SIGNATURE OF APPLICANT











**AFFIDAVIT**

We/I, \_\_\_\_\_, being first duly sworn, depose and say that we/I 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/I 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/I 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.

(Notary Seal)

\_\_\_\_\_  
NOTARY PUBLIC  
Printed Name:  
Commission Number:  
Commission Expires: