## 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	Name
Address	
	Phone
Phone	
	NFORMATION
Street Address (911 Address):	
City & State:	Zip: Block: Lot:
Parcel ID #:	Block: Lot:
Zoning District: Land Use:	
[ ] Historic District [ ] Non-Historic District	FEMA Flood Zone:
Acreage/Square Footage of Property:	•
REQUEST STATEMENT: (State ye	our variance request in one sentence.)
OFFICIAI	LUSE 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:

- 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.
   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

## **NATURE OF PETITION**

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?
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	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?
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	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.
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## **AFFIDAVIT**

We/I,	, being first duly sworn, depose and say		
We/I,			
	te and that the content of this form, whether computer generated, or City		
	ngs will not be advertised until this application is deemed complete, and		
all required information has been submit	ted.		
As property owner(s), we/I furth			
to act as our/my representative in any m	atters regarding this Petition.		
Signature of Property Owner	Signature of Property Owner		
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Typed or Printed Name of Owner	Typed or Printed Name of Owner		
STATE OF FLORIDA COUNTY OF			
The foregoing instrument was a	eknowledged before me this day of, 20, by		
as identification. who is personally	known to me or has produced		
as racinimenton.			
(Notary Seal)			
(Notary Sear)	NOTARY PUBLIC		
	Printed Name:		
	Commission Number:		
	Commission Expires:		