



Community Development Department

ADMINISTRATIVE ZONING VARIANCE REQUEST APPLICATION

- 1) **PROPERTY:** Address: _____
Legal Description:(attach) _____

Folio(s): _____

Size in Acres: _____
Property Survey (attach): _____
- 2) **OWNER(S):** Name: _____
Address: _____
Telephone: _____
Proof of Ownership: (attach) _____
- 3) **APPLICANT:** Name: _____
Address: _____

Telephone: _____ Fax _____
Email Address: _____
Drivers License No. (attach copy) _____
Owner Authorization (attach Letter of Intent): _____
- 4) **REQUEST:** List section(s) of zoning ordinance and describe variance(s) requested.
See Page 2
- 5) ***FEE(S):** \$750.00 per variance

ALL FEES ARE NON-REFUNDABLE.

Must submit three (3) copies of signed/sealed site plan depicting proposed variances and one (1) 11" x 17" file copy. Fee includes meeting with City Planner. Administrative variances may be granted in compliance with Section 62-93(4).

COMPLETE SEPARATE SHEET FOR EACH VARIANCE

VARIANCE (#) _____ OF _____ (#)

ZONING SECTION: _____

REQUIREMENT: _____

REQUEST: _____

SIGNATURES(S):

Owner(s)

Date

City Official
City of Florida City

Owner(s)

Date

Date Accepted

Applicant

Date