

**Highlands County, Florida  
Special Exception Application**

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**SECTION I. THIS SECTION FOR STAFF USE ONLY!**

Date Received \_\_\_\_\_

AMOUNT OF FEE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ TAX MAP # \_\_\_\_\_

CASE #: B.O.A # - \_\_\_\_\_ HEARING DATE: B.O.A - \_\_\_\_\_ DATE ADOPTED: \_\_\_\_\_

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**SECTION II. PLEASE PRINT OR WRITE CLEARLY ALL APPLICABLE INFORMATION.** This application and all required supplemental information must be properly completed according to the instructions. All information and exhibits submitted in connection with this application will become a permanent part of the public records of Highlands County. Please submit the application to the Zoning Department to be checked for completeness by staff before the applicable deadline. The Department accepts no responsibility for the completeness and accuracy of the application and will not advertise the application for public hearing until all required information is deemed to be accurate and complete. It is recommended that the applicant, agent, or representatives be present at the public hearing.

**Special Exception** requested before the Board of Adjustment: \_\_\_\_\_

**This application has been reviewed for completeness and determined sufficient:**

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**Signed: Zoning Supervisor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Special Exception is sought pursuant to Section 12-41 (c) of the Code of Ordinances under Section 12-\_\_\_\_ (\_\_\_\_) of the Code.**

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**1. Name of Property Owner:** If more than one, all the owners must sign the **Owner's Affidavit (attached)**, which must accompany the application:

**Print** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Mailing** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Telephone No. ( )** \_\_\_\_\_

**2. Name of Agent:** Complete the **Agent's Affidavit (attached)** with the agent's signature, which must accompany application, giving agent authority to represent this application.

**Print Name:** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
**Telephone No. ( )** \_\_\_\_\_

**3. Legal Description and Strap of Property Covered by Application:** (If subdivided: lot, block, complete name of subdivision, plat book, page number, section, township, and range. If metes and bounds description: complete description, including section, township, and range.)

**STRAP #: C** - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**4. Street Address** of \_\_\_\_\_ **Property** Covered by \_\_\_\_\_ **Application** :

**5. Name of project, subdivision, or overall project, if part of a larger project, if applicable:**  
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**SECTION III: INFORMATION ABOUT EXISTING USE**

**6. Existing Zoning District:** \_\_\_\_\_ **Existing Land Use Classification:** \_\_\_\_\_  
**Are the Zoning and Comprehensive Plan Consistent?** [ ] Consistent [ ] Not Consistent

**7. Vesting:** Is the property vested for specific property rights? [ ] Yes [ ] No **If Yes**, list the Vesting Action or Order number or the method used to grant vested rights (state binding letter, legal lot of record, etc):

**8. Is this hearing being requested as a result of a code violation notice?** [ ] Yes [ ] No **If yes**, explain:

9. Has a public hearing been held on this property within the last 12 months? [ ] Yes [ ] No If Yes, In whose name and when?

10. Current Use of Property: (Number of existing dwelling units, type of commercial or industrial, etc):

11. Existing Size of Property: Size of Property (width) \_\_\_\_\_ feet, (depth) \_\_\_\_\_ feet, street frontage \_\_\_\_\_ feet, water frontage \_\_\_\_\_ feet, Total acres \_\_\_\_\_.

If different from the total acreage, the upland, or developable portion is \_\_\_\_\_ +/- acres.

12. Are there existing structures on the property? [ ] Yes [ ] No. If Yes, what type (CBS, Frame, Stucco, Other. If multiple units, Number of Dwellings per Building).

13. Uses on Adjacent Property: Also indicate whether the adjacent property is within another jurisdiction and indicate that jurisdiction's FLUM and/or Zoning designations.

	Existing Uses	FLUM Designations	Zoning Districts
North			
East			
South			
West			

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**SECTION IV: INFORMATION ABOUT PROPOSED USE**

14. Proposed Use (Uses desired which are not permitted by present zoning district or Land Use FLUM designation):

15. Proposed number of Dwelling Units or the number of square feet of commercial space (if applicable):

16. Proposed Development Standards (if applicable):

- a. Existing Parcel Size: \_\_\_\_\_ Proposed Parcel Size (if increasing area): \_\_\_\_\_.
- b. Existing Impervious Surface: building footprints + paved parking + other paved areas = \_\_\_\_\_ (sq. ft.).
- c. Existing Impervious Surface(sq. ft.) divided by Existing Parcel Size (sq. ft.) = \_\_\_\_\_ %.
- d. Proposed Impervious Surface: \_\_\_\_\_ %.
- e. Existing Floor Area Ratio (FAR) = gross floor area of existing buildings: \_\_\_\_\_ ÷ Parcel size (sq.ft.)= \_\_\_\_\_ FAR.
- f. Proposed Floor Area Ratio (FAR): \_\_\_\_\_.

17. Time Limit: When will the special exception being applied for be initiated and/or completed? \_\_\_\_\_

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**SECTION V: MAPS, OWNERS OR AGENTS AFFIDAVIT AND LIST OF PROPERTY OWNERS**

18. Tax Map: Boundary of the site and the location of the proposed development action should be shown. This map may be secured from the County Property Appraiser's office.

19. Map Properties Within 500 Feet: A drawing, sketch or plat in duplicate, showing each parcel of land within 500 feet of the property covered in the application. (Scale 1" = 100', if a drawing or sketch.)

20. Owners or Agents Affidavit: An Owner's or Agent's Affidavit must be completed and submitted as part of all applications.

21. List of Property Owners: List of all current property owners within 500 feet radius of property covered in the application, including name, mailing address and legal description of their properties. If in areas zoned Agriculture, minimum of 6 names required adjacent or in the vicinity of the special exception requested. (Attach separate sheet to this application.)

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**SECTION VI: BURDEN OF PROOF INFORMATION:**

**22. Burden of Proof:** The burden of proof and persuasion remains at all times on the applicant. This burden of proof and persuasion includes providing information requested in questions # 22. A through # 22.F. The application for a special exception shall state fully the grounds on which it is requested and show compliance with the following standards:

- A. Please provide information, if possible, that the development will comply with all requirements of this chapter and Florida law (Use additional sheet, if required).  
Please provide information, if possible, that the development, if completed as proposed, will probably not materially endanger the public health or safety (Use additional sheet, if required).
- C. Please provide information, if possible, that the development, if completed as proposed, will probably not substantially injure the value of adjoining or abutting property (Use additional sheet, if required).
- D. Please provide information, if possible, that the development, if completed as proposed, will probably not be in harmony with the area in which it is to be located (Use additional sheet, if required).
- E. Please provide information, if possible, that the development, if completed as proposed, will comply with all requirements of the adopted Highlands County Land Development Regulations (Use additional sheet, if required).
- F. Please provide information, if possible, that the development, if completed as proposed, will comply with the adopted Highlands County Comprehensive Plan or other plan officially adopted by the Board of County Commissioners (Use additional sheet, if required).

**23. Are there any appropriate conditions and safeguards,** in conformity with this chapter, that can be applied and should be mandated as a condition for the approval of this special exception? (Use separate additional sheet, if required)

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**Highlands County, Florida  
Development Services Department Application**

**OWNER'S AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the **OWNER** of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application, are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before hearings can be advertised. I also understand that it is my obligation to comply with any other lawfully adopted and recorded deed restrictions or covenants that are more restrictive or impose a higher standard, and that any action of this Board does not supersede those requirements.

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Address: Number and Street (P.O. Box)

\_\_\_\_\_  
City and State (Zip Code)

**STATE OF FLORIDA, HIGHLANDS COUNTY**

The Foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_ and \_\_\_\_\_ who are personally  
Name Name

known by me or who has produced \_\_\_\_\_ and  
Document Document

respectively, as identification and who did (did not) take an oath:

\_\_\_\_\_  
Signature

\_\_\_\_\_, Notary Public  
Print Name

State of Florida  
My Commission Expires: \_\_\_\_\_

**Highlands County, Florida**

**Development Services Department Application**

**AGENT'S AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the **ATTORNEY-IN-FACT, AGENT or LESSEE** of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application, are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before hearings can be advertised. I also understand that it is my obligation to comply with any other lawfully adopted and recorded deed restrictions or covenants that are more restrictive or impose a higher standard, and that any action of this Board does not supersede those requirements.

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Address: Number and Street (P.O. Box)

\_\_\_\_\_  
City and State (Zip Code)

**STATE OF FLORIDA, HIGHLANDS COUNTY**

The Foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_ who are personally  
Name Name  
known by me or who has produced \_\_\_\_\_ and \_\_\_\_\_  
Document Document  
respectively, as identification and who did (did not) take an oath:

\_\_\_\_\_  
Signature

\_\_\_\_\_, Notary Public  
Print Name

State of Florida  
My Commission Expires: \_\_\_\_\_