

**Highlands County, Florida
Variance Application**

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: _____

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.

The following Variance is requested pursuant to Section 12.03.205 (b) of the Code of Ordinances, Highlands County, Florida before the Board of Adjustment: _____

This application has been reviewed for completeness and determined sufficient:

Signed: Zoning Supervisor _____

Date _____

1. Name of Property Owner: (Application must be signed by the property owner. If more than one, all the owners must sign the **Owners Affidavit (attached)**, which must accompany the application):

Print Name: _____

Mailing Address: _____

Telephone No.: () _____

2. Name of Agent: (Complete the **Agent's Affidavit (attached)** from property owner, 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: _____

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 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			

SECTION IV: REASONS FOR VARIANCE AND BURDEN OF PROOF

14. If necessary, please give additional information not included in number one (1) about what the requested variance is for: _____

15. Explain why this request for a variance from existing zoning regulations should be approved. (Use separate sheet if required) _____

16. How will a variance from the requirements of Chapter 12 not be contrary to the public interest where, owing to special conditions, a literal enforcement of the provisions of this chapter would result in unnecessary hardship? _____

17. The Board of Adjustment shall find that the following requirements are met in order to approve a variance. Please provide information to tell how or why the following do or do not apply: (Use separate sheets if required)

A. What special conditions and circumstances exist on your property, land, structures, or buildings, which are peculiar to the land and/or structures which are not applicable to other properties? _____

B. The literal interpretation of the provisions of Chapter 12 would deprive the applicant of the rights commonly enjoyed by other properties in the same district under the conditions of this Chapter. _____

C. The existing special conditions and circumstances listed in 17 above did not result from any previous actions on the applicant's part. _____

D. How a granting of the variance requested will not confer upon me any special privilege that is denied by this Chapter to other lands, structures or buildings in the same district. _____

18. How is the requested variance the minimum action required to make possible the reasonable use of the land, building or structure? (Use separate sheet if required) _____

19. How will the granting of the variance be in harmony with the general purpose and intent of this Chapter and will not be injurious to the neighborhood or otherwise detrimental to the public welfare? (Use separate sheet if required) _

20. Are there appropriate conditions and safeguards in conformity with this Chapter that could be made a part of the approval of the variance, which you would approve? _____

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

21. **Land Survey:** A copy of a land survey by a Florida registered land surveyor is required for any variance request on size of yards and for setbacks.

22. **Tax Map:** Boundary of the site should be shown. Indicate the location of the proposed development action.

23. **Map Properties Within 200 Feet:** A drawing, sketch or plat in duplicate, showing each parcel of land within 200 feet of the property covered in the application.

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

25. **List of Property Owners:** List of all current property owners within **200 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.)

Please circle in which paper you want the Public Notice advertised .

Highlands Today

NewSun

**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: _____