

FORM 8-P

**HIGHLANDS COUNTY, FLORIDA
APPLICATION FOR VARIANCE FROM LAND DEVELOPMENT REGULATIONS**

DATE: _____

Application is hereby made to the Highlands County Engineer for a variance from the standards and requirements of the Land Development Code.

1. Name, Address, and Telephone Number of Applicant: _____

Telephone: (_____)_____

2. Name, Address, and Telephone Number of Property Owner: _____

Telephone: (_____)_____

3. Attach a general description of the development activity.

4. Project Name & Address: _____

5. Attach copy of the most recent deed of record and the legal description of the property covered by this application.

6. Attach a statement referencing and identifying the standards and requirements from which the variance is sought.

7. Attach a statement which provides:

- a. details of the non-complying features of the proposed development activity,
- b. a description of the physical surroundings, shape, topographical conditions, or other physical, developmental, or environmental conditions that are unique to the property covered by the application which cause the need for the requested variance,
- c. a description of any conditions of the property covered by the application which cause the need for the requested variance and are common to other sites, and
- d. a description of any hardship that exists as a result of the Land Development Code that is not the fault of the property owner or applicant specifically identifying the Land Development Code provision causing the hardship.

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- 8. The applicant affirms that this variance, if granted, will not adversely affect adjacent property or be injurious to the area involved, will not be detrimental to the interests of the general public, and will not result in noncompliance with the Highlands County Comprehensive Plan.

- 9. Applicant is the owner of the property or is authorized by the owner of the property to submit this application. If applicant is not the owner of the property covered by this application, attach a copy of the instrument authorizing the applicant to make this application.

Under penalties of perjury, I hereby state that the information provided in this application and all documents attached to this application are true, correct, and complete to the best of my knowledge and belief.

_____	_____
Mailing Address	Signed
_____	_____
City, State, Zip	Print Signature
_____	_____
Phone	Title

STATE OF FLORIDA
COUNTY OF HIGHLANDS

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who produced _____ as identification and who took an oath.

Print Name: _____
Notary Public State of Florida
My Commission Expires: _____