

APPLICATION FOR SPECIAL EXCEPTION

| APP | PLICATION NO.: | DATE FILED: | | | |
|---------------|---|--|--|--|--|
| APP | PLICATION FEE: \$400.00 | | | | |
| (Plus | (Plus hourly Attorney, Consulting, and Engineering fees reimbursed as billed.) | | | | |
| | | | | | |
| deve shall | eloped or modified pursuant to the proposed special except | propriate scale showing the property as it is intended to be tion. Any special exception granted by the City Commission anted. Under no circumstances shall the special exception ired, subsequent to the issuance of the special exception. | | | |
| | less construction, specially permitted by the special excepti owing the date of issuance of such permit, such permit shall | on, has actually been commenced within twelve (12) months expire and be of no further force, validity, or effect. | | | |
| Attac | ach a complete, legible copy of the legal description of the p | roperty. | | | |
| | | | | | |
| 1 | Applicant's name: | | | | |
| 2 | Applicant's address: | | | | |
| | | | | | |
| 3 | Applicant's daytime phone number: _ (_) | Fax number:(| | | |
| 4 | Name and address of the owner as shown in the public reco | ords of Baker County: | | | |
| - | | | | | |
| 5 | Complete property address: | | | | |
| | Between streets: and | | | | |
| | Property Appraiser's real estate number(s): | | | | |
| | Current zoning classification: | | | | |
| | Current property use: | | | | |
| 10. | Land area (acres): | | | | |
| 11. | Exception sought: | | | | |
| | | | | | |
| - | | | | | |



| i. | The establishment, maintenance or operation of the special exception will not be detrimental to or endanger the public health, safety or general welfare and is not contrary to established standards, regulations or ordinances of other governmental agencies. |
|----|--|
| i. | The special exception will not adversely impact the permitted uses in the zoning district nor unduly restrict the enjoyment of other property in the immediate vicinity nor substantially diminish or impair property values within the area. |
| i. | The establishment of the special exception will not impede the orderly development and improvement of the surrounding property for uses permitted in the zoning district and as allowed in the Comprehensive Plan. |
| ·. | Adequate screening and buffering of the special exceptions will be provided, if necessary. |
| ·. | The proposed use would not result in the creation of objectionable or excessive noise, light, vibration, fumes, odors, dust or physical activities inconsistent with existing or permissible uses in the area. |
| i. | The proposed use would not overburden existing public services and facilities. |

| Special Exception Application |
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| Page 3 |
| Application No |



| 14. Applicant is (check one): Owner | r Agent | |
|--|--|---|
| the property described herein, that all a material attached to and made part of the also attest by my signature that all red | I, hereby, certify that I am the owner or the answers to the questions in this application a his application, are accurate and true to the bequired information for this application is contact and true to the brackage is found to be lacking the requirement of the package is found to be lacking the requirement of the package is found to be lacking the requirement. | nd all information contained in the best of my knowledge and belief. I completed and duly attached in the |
| | Signature of Applicant | Date |
| STATE OF FLORIDA COUNTY OF | | |
| Sworn and subscribed before me this day of | , 20 | |
| Signature of Notary | Print, Type or Stamp Commissioned | |
| Personally Known or produced ide Type of Identification Produced: | | |
| 17. OWNER AUTHORIZATION FORM | 1: Authorization of owner(s) if "Agent" is che | ecked on Item 14. |
| | to represent the application is made in good faith and the | |
| | Signature of Owner(s) | Date |
| STATE OF FLORIDA COUNTY OF | | |
| Sworn and subscribed before me this day of | , 20 | |
| Signature of Notary | Print, Type or Stamp Commissioned | |
| Personally Known or produced ide | entification | |
| Type of Identification Produced: | | - |