

APPLICATION FOR ZONING VARIANCE

APPLICATION NO.:	DATE FILED:
APPLICATION FEE: \$400.00	
(plus hourly Attorney, Consulting, and Engineer	ng fees reimbursed as billed.)
Attach a complete, legible copy of the legal desc	ription of the property.
	awn to an appropriate scale showing the property as it is intended to be variance. An approved variance shall be personal to the record title owner

Limitations on issuing a variance

at the time of its approval and shall, in any event, expire after one year from the date of approval or by earlier City

- Establishment or expansion of a use otherwise prohibited or not permitted shall not be allowed by a variance.
- A variance shall not be granted because of the presence of nonconformities in the zoning district or in the adjoining zoning district.
- A modification to lot requirements so as to increase the permitted density shall not be considered a variance.
- A variance shall not change the functional classification of a use permitted or permissible in a zoning district.

Commission action, unless construction has actually commenced.

e.	A variance shall not change the requirements for concurrency.					
1	Applicant's name:					
2	Applicant's address:					
	Applicant's daytime phone number:(
4	Name and address of the owner as shown in the public records of Baker County:					
5	Complete property address:					
6	Between streets: and					
7	Property Appraiser's real estate number(s):					
8	Current zoning classification:					
9	Variance sought:					
10.	What are the unique and peculiar circumstances of your property which create a hardship?					
11.	Explain why you could not accomplish your goals without a variance, perhaps through an amended site plan.					
12.	Explain why it is not your fault that your property is causing you a hardship.					
13.	Explain why this variance would not be a detriment to the surrounding properties or the general public.					

14. Explain why this variance would not lower property values in the area, or alter the general character of the area.

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No variance shall be granted unless the Board of Adjustment finds that <u>ALL</u> of the following conditions exist:

- > Special circumstances exist that are peculiar to the particular land, structure or building involved and are not applicable to other lands, structures or buildings in the same zoning district.
- A literal interpretation of the provisions of this code would deprive the Applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of the Unified Land Development Regulations (LDRs).
- ➤ The special circumstances are not a result of the actions of the Applicant.
- Franting the variance requested will not confer upon the Applicant any special privilege that is denied by the LDRs to other lands, structures or buildings in the same district.
- The existence of nonconforming uses of neighboring land, buildings or structures in the same district or of permitted or nonconforming uses in other districts shall not constitute a reason for the requested variance.
- The variance requested is the minimum variance that will make possible the reasonable use of the land, building or structure.
- The requested variance will be in harmony with the general purpose and intent of this code and will not be injurious to the neighborhood or otherwise detrimental to the public welfare.

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15 Applicant is (aback and). Oroman	Agant	
15. Applicant is (check one): Owner16. APPLICATION CERTIFICATION: I, here		porized agent of the owner(s) or
the property described herein, that all answers material attached to and made part of this app also attest by my signature that all required prescribed order. Furthermore, if the package the application will be returned for correct info	to the questions in this application and a lication, are accurate and true to the best information for this application is comp e is found to be lacking the requirements	all information contained in the of my knowledge and belief. Is bleted 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 identificati	ion	
Type of Identification Produced:		
17. OWNER AUTHORIZATION FORM: Auth	orization of owner(s) if "Agent" is checke	ed on Item 15.
I hereby authorize authorizing the agent, the owner(s) attest that the age is accurate and complete.	to represent a pplication is made in good faith and that a	myself/us on my/our behalf. In any information by the owner(s)
<u> </u>		Du
Signal	ture 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 identificati	ion	
Type of Identification Produced:		

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