

TOWN OF LAKE CLARKE SHORES

OFFICIAL APPLICATION FOR VARIANCE REQUEST, SPECIAL EXCEPTION REQUEST, OR ADMINISTRATIVE REVIEW TO ZONING BOARD OF ADJUSTMENT

Application Fees: Single-family Residential \$250.00
Multi-family Residential & Commercial \$500.00 plus associated costs

(APPLICANT: PLEASE TYPE OR PRINT INFORMATION WHEN COMPLETING THIS FORM)

Name: _____ Fee Receipt # _____

Address: _____ Lake Clarke Shores, FL 33406

Home Phone: _____ Business Phone: _____

Dimensions of Lot: _____ Size of Lot: _____ Square Feet

Property Control Number: _____

(Application continues on page 2)

FOR OFFICE USE ONLY – APPLICANT DOES NOT FILL OUT THE INFORMATION BELOW

Date of Official Acceptance: _____ Official File # _____

Previous Application(s) _____ Existing Zoning District: S. F. _____

Related Cases in Area: _____

Variance Request: _____ Special Exception Request: _____ Administrative Review: _____

Type of Variance: _____

Zoning Code Section(s): _____

Remarks: _____

Public Hearing Date: _____ Date of Board Action: _____

Postponements: _____ Action Taken: _____

INSTRUCTIONS FOR COMPLETION OF APPLICATION

All properties within a single application must be legal lots of record contiguous and immediately adjacent to one another or be subject to separate petitions and filing fees.

No application shall be accepted unless it is presented on the official form provided by the Town.

Before an application may be accepted, it must fully comply with all requirements stated in this application.

All hearings before the Zoning Board of Adjustment shall be initiated by filing with the Town an application, on forms prescribed by the Town, executed and sworn to by the owner or owners of at least fifty (50) percent of the property described in the application, or by tenant or tenants, with owner's written consent, or by duly authorized agent(s), evidenced by a written power of attorney, if not a member of the Florida Bar, or contract purchaser(s), or by any person aggrieved by an order, requirement, decision or determination made by the Building Official in the enforcement of the Zoning Code when appealing same.

TO BE COMPLETED BY APPLICANT

THE UNDERSIGNED HEREBY PETITIONS THE TOWN OF LAKE CLARKE SHORES ZONING BOARD OF ADJUSTMENT TO CALL PUBLIC HEARINGS AFTER DUE PUBLIC NOTICE, THE COST OF WHICH IS HEREBY ASSUMED BY THE UNDERSIGNED.

EXACT LEGAL DESCRIPTION OF THE SUBJECT PROPERTY:
(Attach if space below is insufficient)

STREET ADDRESS: _____

NATURE OF REQUEST FOR VARIANCE, SPECIAL EXCEPTION, OR ADMINISTRATIVE REVIEW

(Check all that apply)

(I) (We) request a variance of (specify in feet): _____

Setback required: _____

Setback requested: _____

Variance requested: _____

(I) (We) request a special exception to the requirements of the _____ zoning district

for (specify the particulars): _____

(I) (We) request an administrative review of an order, requirement, decision or determination

made by the Building Official in regards to (specify the particulars): _____

JUSTIFICATION OF APPLICATION

Section 86-61 (c) (1) of the Zoning Code requires a statement of special reasons or basis for the request(s). This statement should be predicated on the objectives presented in Section 86-62 (c) (purpose). (Please utilize the remainder of this page for the required statement of justification and attach additional sheets and/or documentation, if desired). (PLEASE PRINT OR TYPE THE STATEMENT).

A. Special conditions and circumstances:

B. Deprive the applicant of rights commonly enjoyed by others:

C. Non-preventable conditions or circumstances:

D. Variance will not give applicant special privileges:

E. Unnecessarily or undue hardship (not self-created):

F. Consideration as to size, shape, etc.:

APPLICANT'S CERTIFICATION

(I) (We) affirm and certify that (I) (We) understand and will comply with the provisions and regulations of the Town of Lake Clarke Shores Zoning Code and in particular, Section 86-61 (c) (1). (I) (We) further certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief. Further (I) (We) understand that this application, attachments, and fees become part of the Official Records of the Town Clerk and are not returnable.

Signature of Applicant

Signature of Applicant

Type Name of Applicant

Type Name of Applicant

Applicant is:

(Check one)

- Owner
- Optionee
- Lessee
- Agent
- Contract Purchaser

Street Address

City, State, Zip

Home Phone Number and Business Phone Number

Name of Person (s) Responsible for petition if other than the applicant:

Name

Name

Street Address

City, State, Zip

Home Phone Number and Business Phone Number