



SEMINOLE COUNTY
PLANNING & DEVELOPMENT DIVISION
 1101 EAST FIRST STREET, ROOM 2028
 SANFORD, FLORIDA 32771
 TELEPHONE: (407) 665-7371
 PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ #: _____

BV #: _____

MEETING: _____

VARIANCE

COMPLETE APPLICATION PACKET MUST BE SUBMITTED BY APPLICATION DUE DATE IN ORDER TO MEET THE DEADLINE FOR THE DESIRED MEETING

APPLICATION TYPE/FEE

- | | |
|---|---|
| <input type="checkbox"/> VARIANCE – RESIDENTIAL, AGRICULTURAL, ADMINISTRATIVE | \$150.00 + \$50.00/EACH ADDITIONAL VARIANCE |
| <input type="checkbox"/> VARIANCE – ALL OTHER CLASSIFICATIONS | \$500.00 + \$75.00/EACH ADDITIONAL VARIANCE |

PROPERTY

PARCEL ID #:	
ADDRESS:	
TOTAL ACREAGE:	USE OF PROPERTY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL
ZONING:	FUTURE LAND USE:
TYPE OF STRUCTURE: <input type="checkbox"/> SHED <input type="checkbox"/> FENCE <input type="checkbox"/> POOL <input type="checkbox"/> SCREEN ENCLOSURE <input type="checkbox"/> ADDITION <input type="checkbox"/> SINGLE FAMILY HOME	
DESCRIPTION OF STRUCTURE:	
TYPE OF VARIANCE:	<input type="checkbox"/> FRONT YARD SETBACK REQUIRED: _____ FT. PROPOSED: _____ FT. <input type="checkbox"/> SIDE YARD SETBACK REQUIRED: _____ FT. PROPOSED: _____ FT. <input type="checkbox"/> SIDE STREET SETBACK REQUIRED: _____ FT. PROPOSED: _____ FT. <input type="checkbox"/> REAR YARD SETBACK REQUIRED: _____ FT. PROPOSED: _____ FT. <input type="checkbox"/> MINIMUM LOT SIZE REQUIRED: _____ SQ. FT. ACTUAL: _____ SQ. FT. <input type="checkbox"/> WIDTH AT BUILDING LINE REQUIRED: _____ FT. ACTUAL: _____ FT. <input type="checkbox"/> HEIGHT REQUIRED: _____ FT. PROPOSED: _____ FT.
FENCE REQUESTS – DISTANCE FROM FENCE TO SIDEWALK: _____ DISTANCE FROM FENCE TO EDGE OF STREET: _____	
IS THIS REQUEST FOR A STRUCTURE THAT HAS ALREADY BEEN BUILT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE PROPERTY AVAILABLE FOR INSPECTION WITHOUT APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (PROVIDE GATE CODE TO STAFF, IF ANY)	

OWNER

NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

AGENT/CONSULTANT

NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

ATTACHMENT CHECKLIST

<input type="checkbox"/> APPLICATION <input type="checkbox"/> APPLICATION FEE <input type="checkbox"/> QUESTIONNAIRE <input type="checkbox"/> OWNERSHIP DISCLOSURE FORM (ADD'L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION) <input type="checkbox"/> APPLICANT AUTHORIZATION FORM, IF APPLICABLE <input type="checkbox"/> DETAILED CONCEPTUAL SITE PLAN (SEE ATTACHED SAMPLE SITE PLAN) <input type="checkbox"/> LETTERS OF SUPPORT FROM ADJACENT PROPERTY OWNERS, IF ANY <input type="checkbox"/> HOME OWNERS ASSOCIATION DRB APPROVALS, IF ANY <input type="checkbox"/> PHOTOGRAPHS, IF DESIRED

I understand that the application for variance must include all required submittals as specified in the Seminole County Land Development Code. Submission of incomplete plans may create delays.

I hereby represent that I have the lawful right and authority to file this application.

SIGNATURE OF OWNER/AUTHORIZED APPLICANT

DATE

(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED WITH SUBMITTAL IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

Respond completely and fully to all six criteria listed below to demonstrate that the request meets the standards of Land Development Code of Seminole County Sec. 30.43(3) for the granting of a variance:

1. Describe the special conditions and circumstances that exist which are peculiar to the land, structure, or building involved, and which are not applicable to other lands, structures, or buildings in the same zoning district.

2. Describe how special conditions and circumstances that currently exist are not the result of the actions of the applicant or petitioner.

3. Explain how the granting of the variance request would not confer on the applicant, or petitioner, any special privilege that is denied by Chapter 30 to other lands, buildings, or structures in the same zoning district.

4. Describe how the literal interpretation of the provisions of the zoning regulations would deprive the applicant, or petitioner, of rights commonly enjoyed by other properties in the same zoning district and would work unnecessary and undue hardship on the applicant or petitioner.

5. Describe how the requested variance is the minimum variance that will make possible the reasonable use of the land, building, or structure.

6. Describe how the granting of the variance will be in harmony with the general intent and purpose of the zoning regulations and will not be injurious to the neighborhood, or otherwise detrimental to the public welfare.

SEMINOLE COUNTY
APPLICATION & AFFIDAVIT

Ownership Disclosure Form

The owner of the real property associated with this application is a (check one)

- Individual Corporation Land Trust
 Limited Liability Company Partnership
 Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

Trust Name: _____

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: _____

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

NAME	ADDRESS	% OF INTEREST

Date of Contract: _____

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.

7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezoning, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

Date

Owner, Agent, Applicant Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by _____, on this ____ day
of _____, 20____. Owner, Agent, Applicant Name

Signature of Notary Public

Print, Type or Stamp Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM

(ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, _____, the owner of record for the following described property

(Legal Description or Tax/Parcel ID Number) _____

hereby affirms that _____ is hereby designated to act as my

authorized agent for the filing of the attached application for a: **(CHECK ONE)**

<input type="checkbox"/>	Arbor Permit	<input type="checkbox"/>	Special Exception	<input type="checkbox"/>	Temporary Use Permit	<input type="checkbox"/>	Variance
<input type="checkbox"/>	Development Plan	<input type="checkbox"/>	Special Event Permit	<input type="checkbox"/>	Vacate	<input type="checkbox"/>	OTHER

and make binding statements and commitments regarding the request. I certify that I have examined the attached application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

DATE

Owner's Signature

Owner's Name

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, personally appeared _____, who is personally known to me or who has produced a _____ as identification and who executed the foregoing instrument and sworn an oath on this _____ day of _____, 20____.

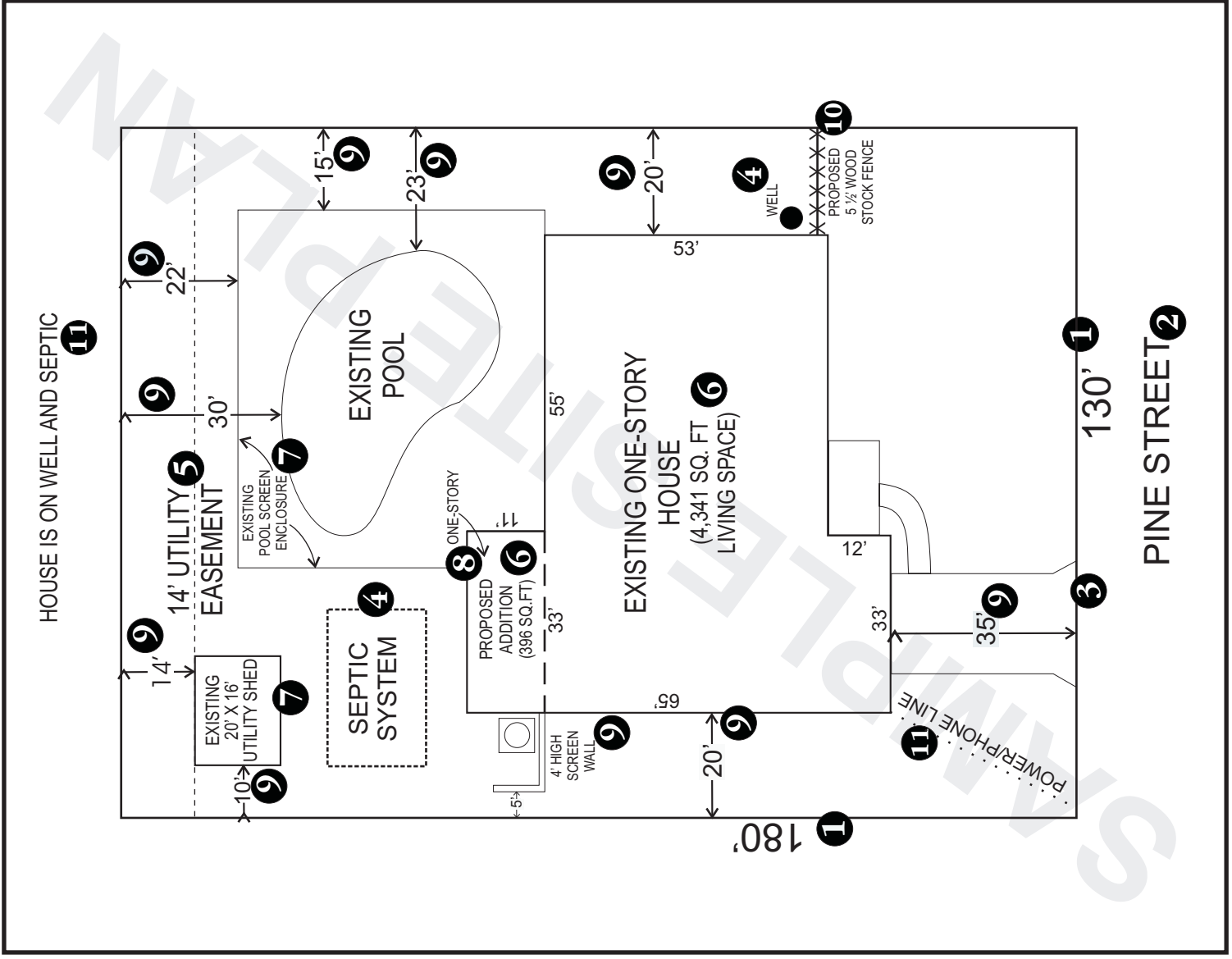
NOTARY PUBLIC



SAMPLE SITE PLAN FOR A VARIANCE SUBMITTAL

One 8 1/2" x 11" site plan (please draw to scale) is required. The application may be delayed if all required information is not included on the site plan:

- 1 Size and dimension of the parcel
- 2 Location and name of all abutting streets
- 3 Location of driveways
- 4 Location, size and type of any septic systems, drainfields and wells
- 5 Location of all easements
- 6 Existing or proposed house or addition (Label existing, label proposed and include square footage and dimension of each)
- 7 Existing and/or proposed buildings, structures and improvements (Label existing, label proposed and include square footage and dimension of each)
- 8 Building height
- 9 Setbacks from each building to the property lines
- 10 Location of existing & proposed fences
- 11 Identification of available utilities (e.g. Water, sewer, well or septic)



2019
SEMINOLE COUNTY
BOARD OF ADJUSTMENT
MEETING SCHEDULE

COUNTY SERVICES BUILDING
1101 E. 1ST STREET, ROOM 1028
SANFORD, FLORIDA 32771
6:00 P.M.

APPLICATION DEADLINE	MEETING DATE
DECEMBER 14, 2018	JANUARY 28, 2019
JANUARY 11, 2019	FEBRUARY 25, 2019
FEBRUARY 8, 2019	MARCH 25, 2019
MARCH 8, 2019	APRIL 22, 2019
APRIL 5, 2019	MAY 20, 2019*
MAY 10, 2019	JUNE 24, 2019
JUNE 7, 2019	JULY 22, 2019
JULY 12, 2019	AUGUST 26, 2019
AUGUST 9, 2019	SEPTEMBER 23, 2019
SEPTEMBER 13, 2019	OCTOBER 28, 2019
OCTOBER 25, 2019	DECEMBER 9, 2019*
DECEMBER 13, 2019	JANUARY 27, 2020

*CHANGED DUE TO HOLIDAY

NOTE: MEETING DATES ARE TENTATIVE FOR SPECIAL EXCEPTION REQUESTS.