



SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771
(407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV
www.seminolecountyfl.gov

VARIANCE

PROCESS

Upon your completed application submittal, your variance will be assigned to a Project Manager. Once the Project Manager has completed the review, they will prepare your variance request to go before the Board of Adjustment. Approximately 3 weeks prior to your scheduled meeting date, you will be contacted by the Clerk to pick up your placard(s) in our office. You will be required to post the placard(s) to your property in compliance with our Land Development Code regulations no later than 15 days prior to the scheduled meeting and provide a notarized affidavit verifying your compliance. The meeting will be held in the Board Chambers on the first floor of the County Services Building outside of the Building Department doors at 6 p.m. on the day of your meeting.

If you would like to get an idea of how the meeting is conducted, please feel free to view our prior meeting videos on our website above.

INFORMATION

The Planning Manager shall have the power to grant an application for a setback variance in residential zoning classifications when the variance requested is equal to or less than 10% of the required setback requirement; provided, however that only 1 variance may be granted under this procedure. If the Planning Manager denies an application for a variance, such denial may be appealed to the Board of Adjustment in accordance with the provisions of Section 30.43(c).

REQUIRED ATTACHMENTS

- Application
- Application fee
- Variance criteria form
- Ownership Disclosure form (Additional documentation is required if the owner is a trust or corporation)
- Applicant Authorization form (If any party to the application is not the owner)
- Detailed conceptual site plan (See attached sample site plan – Please do not use the numbers to correspond to your own)
- Letters of support from adjacent property owners, if any
- Homeowners Association approvals, if any
- Photographs, if any

DELIVERY METHODS

Completed forms and all the above required attachments may be sent via:

- **E-mail:** plandesk@seminolecountyfl.gov
- **Hand delivery:** Seminole County Planning & Development Division, West Wing, Second Floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- **Mail:** Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771



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

PROJ #: _____
 BV #: _____
 BP #: _____
 CV #: _____
 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 | \$300 + \$75 each additional variance |
| <input type="checkbox"/> ADMINISTRATIVE VARIANCE* | \$150 + \$50 each additional variance |
| <input type="checkbox"/> AFTER-THE-FACT VARIANCE** | \$600 + \$150 each additional variance |
| <input type="checkbox"/> AFTER-THE-FACT ADMINISTRATIVE VARIANCE** | \$300 + \$100 each additional variance |
| <input type="checkbox"/> AFFORDABLE HOUSING VARIANCE*** | FEE WAIVED PER SEMINOLE COUNTY COMP PLAN |

*Administrative variances are limited to 10% or less of the required setback

**Any variance application made as a result of unpermitted construction, Code Enforcement, Special Magistrate action, or other violation

***Habitat for Humanity or similar housing authority application or accompanied by an approved checklist form from Seminole County Community Services

PROPERTY

PARCEL ID #:	
ADDRESS:	
SUBDIVISION NAME:	
TOTAL ACREAGE:	USE OF PROPERTY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL
ZONING:	FUTURE LAND USE: BCC DISTRICT:
IS THE PROPERTY AVAILABLE FOR INSPECTION WITHOUT AN APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (PROVIDE GATE CODE TO STAFF, IF ANY)	

VARIANCE TYPE

TYPE OF VARIANCE:	<input type="checkbox"/>	_____ SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/>	_____ SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/>	MINIMUM LOT SIZE	REQUIRED: _____ SQ. FT./ACRE	ACTUAL: _____ SQ. FT./ACRE
	<input type="checkbox"/>	WIDTH AT BUILDING LINE	REQUIRED: _____ FT.	ACTUAL: _____ FT.
	<input type="checkbox"/>	HEIGHT	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/>	SIGNAGE	REQUIRED: _____ SQ.FT.	PROPOSED: _____ SQ.FT.

STRUCTURE

TYPE OF STRUCTURE: ACCESSORY STRUCTURE SIGN FENCE POOL SCREEN ENCLOSURE ADDITION
 SINGLE FAMILY RESIDENCE BOATHOUSE/BOAT DOCK OTHER _____

DESCRIPTION OF STRUCTURE: (SIZE, USE, MATERIALS, ETC.)

IS THIS REQUEST FOR A STRUCTURE THAT HAS ALREADY BEEN BUILT? YES NO

IF YES, DID YOU RECEIVE A CODE VIOLATION FOR THIS STRUCTURE? YES NO N/A

FENCE REQUESTS – DISTANCE FROM FENCE TO SIDEWALK: _____ DISTANCE FROM FENCE TO EDGE OF STREET: _____

OWNER

NAME: _____ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CONSULTANT (IF ANY – MUST SUBMIT NOTARIZED AUTHORIZATION FORM)

NAME: _____ COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

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

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

DATE

VARIANCE CRITERIA

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/an (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

(Use additional sheets for more space)

Date of Contract: _____

Specify any contingency clause related to the outcome for consideration of the application: _____

7. 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.
8. 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 Rezone, 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 SEMINOLE**

Sworn to and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, who is personally known to me, or has produced _____ as identification.

Signature of Notary Public

Print, Type or Stamp Name of Notary Public

OWNER AUTHORIZATION FORM

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 purchase (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 [Parcel ID Number(s)] _____ hereby designates _____ to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

OTHER: _____

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) 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

Property Owner's Signature

Property Owner's Printed Name

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared _____ (*property owner*),
 by means of physical presence or online notarization; and who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument and sworn an oath on this _____ day of _____, 20____.

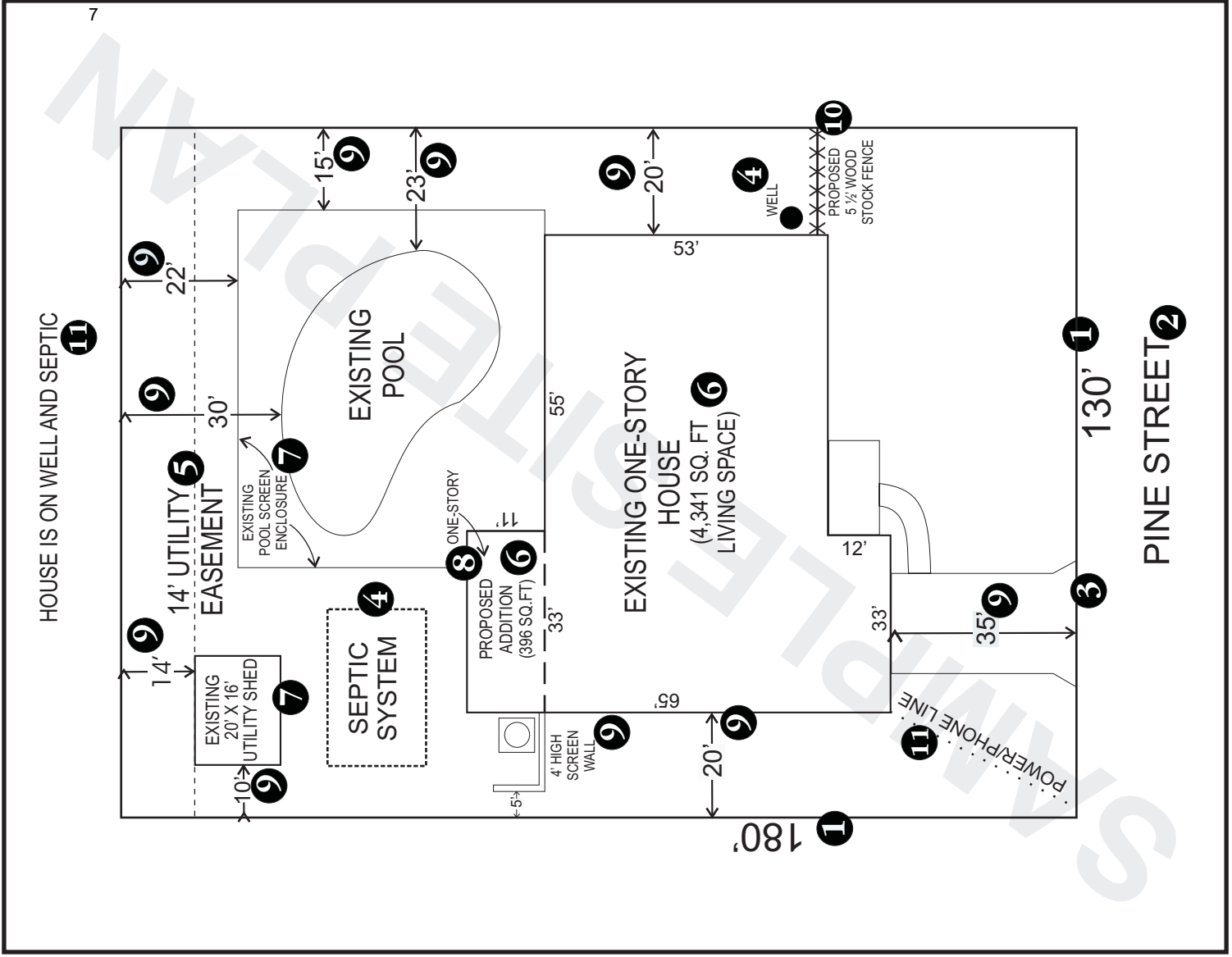
Notary Public



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)



2024
 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 1, 2023	January 22, 2024
January 12, 2024	February 26, 2024
February 9, 2024	March 25, 2024
March 8, 2024	April 22, 2024
April 12, 2024	May 20, 2024*
May 10, 2024	June 24, 2024
June 7, 2024	July 22, 2024
July 12, 2024	August 26, 2024
August 9, 2024	September 23, 2024
September 13, 2024	October 28, 2024
October 18, 2024	December 2, 2024*
December 13, 2024	January 27, 2025

*CHANGED DUE TO HOLIDAY