

CITY OF FELLSMERE Community Development Department

21 South Cypress Street Fellsmere, Fla. 32948

Phone: 772.571.9077/Fax: 772.571.0097

APPLICATION FOR VARIANCE OR APPEAL OF ADMINISTRATIVE DECISION REQUEST FOR BOARD OF ADJUSTMENT PUBLIC HEARING

Date received by City: _____ Petition No: _____

This application must be completed and returned with all requirements herein to the Community Development Department, (address above) no later than the second Friday of the month preceding the month of the BOA hearing. This application will be forwarded to the BOA for their consideration when making a decision at the hearing. You will be advised of the date and time of the public hearing. You must appear at the hearing or be represented by an authorized agent or attorney for the BOA to take action on your application. The application will be terminated or tabled for failure to appear at a scheduled public hearing, without first providing written notice to the Community Development Department. If you have a designated agent or representative, you must submit a completed Letter of Authorization in a format approved by the City.

You are fully responsible for researching and knowing any and all laws, which may be applicable and affect the outcome of the Board's decision on your application request. The City assumes neither responsibility nor liability in relation to your failure to research and know all applicable laws, including, but not limited to, state, federal and city laws, codes, land development regulations and Comprehensive Plan. You are encouraged to review the quasi-judicial rules and procedure used by the BOA at the public hearing, which are attached hereto.

1. **APPLICANT NAME:** _____
CONTACT PERSON: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____
2. **OWNER OF PROPERTY:** _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____

Please provide City with an Affidavit of Authorization if applicant or representative is different from owner.

3. **REPRESENTATIVE'S NAME:** _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____
4. **LEGAL DESCRIPTION OF PROPERTY TO BE COVERED BY THIS REQUEST.** A full legal description must be provided, and may be an attachment to this request.
TWP: _____ RNG: _____ SEC: _____ SUBD: _____
BLK: _____ PARCEL/LOT: _____

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5. SITE DETAILS:

Size of Area covered by application: (acreage or square footage)_____

Number of Units proposed:_____ Density:_____

Highway and Street Boundaries:_____

Future Land Use: _____

Existing zoning classification:_____

Proposed/intended use of property:_____

What, if any, structures are located on the property?_____

Existing or proposed special exceptions on this property:

6. VARIANCE (S) REQUESTED :

7. IN ORDER TO SECURE A VARIANCE, THE BOARD MUST DETERMINE BY LAW THAT YOUR VARIANCE REQUEST SATISFIES THE FOLLOWING CRITERIA OF THE CITY'S CODE. PLEASE PROVIDE A WRITTEN RESPONSE ALONG WITH ANY OTHER SUPPORTING DOCUMENTATION.

- a. **That special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, buildings or structures in the same district:**

- b. **That literal interpretation of the provisions of this ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this ordinance.**

- c. **That the special conditions and circumstances referred to in (1) above, do not result from the actions of the applicant:**

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- d. That granting the variance requested will not confer on the applicant any special privilege that is denied by this ordinance to other lands, structures or buildings in the same district:

- e. That this request is not based upon any existing non-conforming use of neighboring lands, structures or buildings in the same district, nor on any permitted use of lands, structures or buildings in other districts shall be considered grounds for the issuance of this request:

- f. That this is the minimum variance that will make possible the reasonable use of the land, building or structure.

- g. That the granting of the variance request will be in harmony with the general intent and purpose of the zoning ordinance and will not be injurious to the neighborhood, or otherwise detrimental to the public welfare.

In granting any variance, the BOA may prescribe appropriate conditions and safeguards in conformity with this ordinance. Violation of such conditions and safeguards, when made a part of the terms under which the variance is granted shall be deemed a violation of this ordinance and punishable under applicable laws. Under no circumstances shall the BOA grant a variance to permit a use not generally or by special exception permitted in the district involved, or any use expressly or by implication prohibited by the terms of this ordinance in said district.

8. THE FOLLOWING ITEMS ARE REQUIRED TO COMPLETE THE APPLICATION AND MUST BE ATTACHED:

- a. _____ Completed application
- b. _____ Fees: \$750.00 per variance request (non-refundable) payable to the City of Fellsmere/\$750 for Appeals/\$5,000 Professional Services Escrow
- c. _____ Proof of ownership- A copy of the last recorded deed of the affected property.
- d. _____ A letter of authorization is required if the application is by made by other than the owner of the property under consideration for review.
- e. _____ Site plan of the subject property to show abutting streets, all existing and proposed structures, driveways and parking spaces, current zoning, scale, north arrow, landscaped areas, and a complete legal description of the property, the required elements from the code, and location/identification of the variances requested.

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- f. _____ Mailing labels and List of owners of record within 500 feet of the subject property, which may be obtained at: Indian River County Property Appraiser's Office

The applicant is advised that s/he is responsible for assuming the costs associated directly with the processing and review of this application, including, but not limited to, advertisement, outside consultant fees, notification fees, etc. All fees are non-refundable.



NOTE:

This application must be filled out completely and must be signed by the owner or his designated agent. If the applicant is different than the owner of the subject property, then a letter of authorization is required from the owner of the property that is under consideration for a Board of Adjustment hearing. If the property is in multiple ownership, then all of the owners or their designated agent(s) must sign this application.

APPLICANT'S SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____

OWNER'S SIGNATURE: _____

OWNER'S PRINTED NAME: _____

DATE: _____

CERTIFICATION

ALL THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION AND ALL SKETCHES AND DATA ATTACHED TO AND MADE A PART OF THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE:

(Print, type of stamp Commissioned Name of Notary Public)

(Applicant Signature)

Personally known _____ OR Produced Identification: _____

Type of ID produced: _____

(Notary Signature)

STATE OF FLORIDA, COUNTY OF BREVARD

Sworn and subscribed to before me this _____ day of _____, 20_____

My commission expires: _____