



City of Green Cove Springs Variance Application

FOR OFFICE USE ONLY

P Z File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Review Type: SRDT P & Z CC

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID Number(s) _____
4. Existing Use of Property: _____
5. Future Land Use Map Designation : _____
6. Zoning Designation: _____
7. Acreage: _____

B. APPLICANT

1. Applicant's Status Owner (title holder) Agent
2. Name of Applicant(s) or Contact Person(s): _____ Title: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (____) _____ FAX: (____) _____ e-mail: _____
3. If the applicant is agent for the property owner*:
Name of Owner (title holder): _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (____) _____ FAX: (____) _____ e-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. ADDITIONAL INFORMATION

1. Is there any additional contact for sale of, or options to purchase, the subject property? Yes No

If yes, list names of all parties involved: _____

If yes, is the contract/option contingent or absolute? Contingent Absolute

D. STATEMENT OF VARIANCE SOUGHT

1. Requested Variance: _____
2. Section of Land Development Regulations under which the variance is sought _____
3. Reason Variance is requested: _____
4. Statement of Facts for Requested Variance (Use additional pages if necessary)

(PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. THESE FACTS WILL BE USED BY THE STAFF TO MAKE A RECOMMENDATION AND THE PLANNING AND ZONING BOARD IN MAKING THEIR DECISION)

a. **Extraordinary and Exceptional Conditions-** What are the extraordinary and exceptional conditions (such as topographic conditions, narrowness, shallowness, or the shape of a parcel of land) pertaining to the particular piece of land for which the variance is sought, that do not generally apply to other land or structures in the same district?

b. **Not Result of Action by Applicant-** Why are the special circumstances not the result of the actions of the applicant?

c. **No Special Privilege-** Does the granting of the variance confer any special privilege on the applicant that is denied to other lands or structures in the same zone district?

d. **Strict Application Deprives Use-**Would the strict interpretation of the Land Development Regulations to this property effectively prohibit or unreasonably restrict the utilization of the land and result in unnecessary and undue hardship?

e. **Minimum Variance-** Is the variance the minimum action that will make possible the reasonable use of the land or structure which is not contrary to the public interest, and which would carry out the spirit of these Land Development Regulations?

f. **Not Detrimental-**Is the granting of the variance detriment to the adjacent land, and the character of the zone district in which the land is located?

E. ATTACHMENTS (One hard copy or one copy in PDF format)

1. **Copy of Warranty Deed or other proof of ownership**
2. **Legal description**
3. **Survey or plot diagram indicating setbacks, proposed construction and requested variance.**

F. FEE.

Residential property - \$250
Non- residential - \$500

- a. The Cost of postage, signs, advertisements, and outside consultants are in addition to the application fee.
- b. The applicant is responsible to pay the cost of the advertisement and signs.
- c. All applications are subject 10% administrative fee and must pay the cost of any outside consultants fees.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees for advertising, signs, necessary technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

All 3 attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____

_____, who is/are personally known to me, or who has/have produced _____
as identification.

NOTARY SEAL

Signature of Notary Public, State of _____