

INSTRUCTIONS FOR COMPLETING APPLICATION  
HAINES CITY BOARD OF ADJUSTMENT

IT IS IMPERATIVE THAT YOUR APPLICATION FOR AN INTERPRETATION, SPECIAL EXCEPTION, VARIANCE REQUEST OR TO THE SCHEDULE OF DISTRICT REGULATIONS BE COMPLETE BEFORE IT IS SUBMITTED TO THE COMMUNITY DEVELOPMENT DEPARTMENT FOR REVIEW. IF YOUR APPLICATION IS NOT COMPLETE, IT WILL NOT BE ACCEPTED. IN ORDER TO COMPLETE THE APPLICATION PROCESS, THE FOLLOWING STEPS MUST BE TAKEN BY THE APPLICANT:

- ▶ THE “APPLICATION FOR THE BOARD OF ADJUSTMENT ACTION” MUST BE FILLED OUT.
  
- ▶ A COPY OF THE DEED FOR THE SUBJECT PROPERTY MUST BE ATTACHED TO THE APPLICATION.
  
- ▶ THE SUBSEQUENT APPLICATION FEE MUST BE PAID IN FULL. A RECEIPT WILL BE ISSUED UPON PAYMENT.
  
- ▶ THE APPLICATION MUST BE NOTARIZED. NOTARIES ARE AVAILABLE IN THE COMMUNITY DEVELOPMENT DEPARTMENT IN CITY HALL.

**APPLICATION  
HAINES CITY BOARD OF ADJUSTMENT**

FOR OFFICE USE ONLY:

PETITION NO: \_\_\_\_\_

DATE: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

DATE OF HEARING ADVERTISED: \_\_\_\_\_

DATE SET FOR PUBLIC HEARING: \_\_\_\_\_

THE OWNER OR THE AGENT HAS \_\_\_\_\_, HAS NOT \_\_\_\_\_, SUBMITTED A PETITION REGARDING THE SUBJECT PROPERTY WITHIN THE LAST YEAR.

=====

(I) (WE)

\_\_\_\_\_ OF \_\_\_\_\_

NAME

MAILING ADDRESS

REQUEST THAT A DETERMINATION BE MADE BY THE BOARD OF ADJUSTMENT OF THE

CITY OF HAINES CITY ON THE FOLLOWING APPEAL, WHICH WAS DENIED BY THE ADMINISTRATIVE OFFICIAL ON \_\_\_\_\_ FOR THE REASON THAT IT WAS A MATTER IN WHICH THE BUILDING INSPECTOR COULD NOT EXERCISE DISCRETION AND WHICH, IN HIS OPINION, MIGHT PROPERLY COME BEFORE THE BOARD.

\_\_\_\_\_ AN INTERPRETATION

\_\_\_\_\_ A VARIANCE IS REQUESTED TO:

SECTION \_\_\_\_\_

SUBSECTION \_\_\_\_\_

PARAGRAPH \_\_\_\_\_

OR TO THE SCHEDULE OF DISTRICT REGULATIONS \_\_\_\_\_

ZONING AND SUBDIVISION

CHAPTER OF THE LAND DEVELOPMENT REGULATIONS OF THE CITY OF HAINES CITY FOR THE REASON THAT: (NOTE APPLICABLE PORTIONS OF SCHEDULE).

\_\_\_\_\_ IT IS AN APPEAL FOR AN INTERPRETATION OF THE ORDINANCE, SCHEDULE OR DISTRICT REGULATIONS, OF OFFICIAL ZONING MAP.

\_\_\_\_\_ IT IS A REQUEST FOR A VARIANCE RELATING TO THE \_\_\_\_\_ AREA, \_\_\_\_\_ FRONTAGE, \_\_\_\_\_ YARD OR OPEN SPACE, \_\_\_\_\_ HEIGHT OR SETBACK LINE: \_\_\_\_\_ (STATE IF REQUEST IS FOR PURPOSE OTHER THAN THOSE ENUMERATED.) (PROVISIONS OF THE ORDINANCE.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BOARD OF ADJUSTMENT APPLICATION**

THE DESCRIPTION IS AS FOLLOWS: \_\_\_\_\_

IT IS LOCATED AT \_\_\_\_\_

(STREET NUMBER LOCATION)

THE LEGAL DESCRIPTION IS AS FOLLOWS: BLOCK \_\_\_\_\_

SUBDIVISION OF PLAT: \_\_\_\_\_

OR \_\_\_\_\_

(IF OTHERWISE LEGALLY DESCRIBED)

LOT SIZE: \_\_\_\_\_ PRESENT ZONING CLASS: \_\_\_\_\_

PRESENT USE \_\_\_\_\_

PRESENT STRUCTURES (TYPE) AND IMPROVEMENTS UPON THE LAND \_\_\_\_\_

THE PURPOSE USE WILL BE: \_\_\_\_\_

IF THIS PETITION IS GRANTED, THE EFFECT WILL BE TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BRIEF DESCRIPTION, FOR EXAMPLE: TO REDUCE SIDE YARD FROM 7 FT TO 2 FT.

(I) (WE) BELIEVE THAT THE BOARD OF ADJUSTMENT SHOULD GRANT THIS PETITION BECAUSE: (Include the grounds for Appeal or reasons with respect to law and fact for granting the Appeal or Variance. Showing of unnecessary hardships (list all hardships that are applicable) must be made before a Variance can be granted: the grounds must be stated for aid in filling out this section, see the information sheet that is supplied to you with this form. Attach all supporting data, such as site plans. Attach additional sheets if necessary).

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**BOARD OF ADJUSTMENT APPLICATION**

HAS ANY PREVIOUS APPLICATION OR APPEAL BEEN FILLED WITHIN THE LAST YEAR IN CONNECTION WITH THESE PREMISES? \_\_\_\_\_ YES, \_\_\_\_\_ NO. IF SO, BRIEFLY STATE THE NATURE OF THE APPLICATION OR APPEAL. \_\_\_\_\_

WHAT IS THE APPLICANTS INTEREST IN THE PREMISES AFFECTED? \_\_\_\_\_  
\_\_\_\_\_  
(OWNER, AGENT, LESSEE, ETC.)

WHAT IS THE APPROXIMATE COST OF THE WORK INVOLVED? \_\_\_\_\_

(I) (WE) UNDERSTAND THAT THIS PETITION BECOMES A PART OF THE PERMANENT RECORD OF THE BOARD OF ADJUSTMENT. (I) (WE) HEREBY CERTIFY THAT THE ABOVE STATEMENT AND THE STATEMENTS OF SHOWINGS MADE IN ANY PAPER OR PLANS SUBMITTED HEREWITH ARE TRUE TO THE BEST OF (MY) (OUR) KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
\_\_\_\_\_  
SIGNATURE OF OWNER \_\_\_\_\_

SIGNATURE OF AGENT \_\_\_\_\_

THE OWNER HAS HEREBY DESIGNATED THE ABOVE SIGNED PERSON TO ACT AS HIS/HER AGENT IN REGARD TO THIS PETITION. (TO BE EXECUTED WHEN OWNER DESIGNATES ANOTHER TO ACT ON HIS BEHALF).

MAILING ADDRESS YOU WISH INFORMATION TO BE SENT TO AND TELEPHONE NUMBER:

STATE OF:

COUNTY OF:

THE CONTENTS OF THIS PETITION ARE SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, WHO ARE PERSONALLY KNOWN TO ME OR PRODUCED AS \_\_\_\_\_ IDENTIFICATION.

SIGNATURE OF NOTARY PUBLIC: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

OFFICER: \_\_\_\_\_

COMMISSION NUMBER: \_\_\_\_\_

COMMISSION EXPIRATION: \_\_\_\_\_