



HAINES CITY

THE HEART OF FLORIDA

Development Services
620 E. Main Street
Haines City, FL 33844
Phone (863) 421-3600
Fax (863) 419-3168
www.hainescity.com

BOARD OF ADJUSTMENT VARIANCE

(Internal Office Use Only)

Received date: _____ Application fee: _____
Project number: _____ Check number: _____
Hearing date: _____ Newspaper Ad date: _____

The owner and/or their agent has or has not, submitted a petition regarding the subject property within the last year.

Has _____ Has not _____

(I), (We), _____
of: _____

Request that the “Board of Adjustment” of Haines City to decide on the following appeal, which was deny on _____ for the reason in which the administrative official could not exercise discretion. Which, in their opinion, might properly come before the board.

Variance is to request a: _____ Section
_____ Sub-section
_____ Paragraph

Variance is to request for: _____ an interpretation

Chapter of the “Land Development Regulations” of Haines City for the reason that
(Note applicable portions of the schedule)

_____ It is an appeal for an interpretation of the ordinance, schedule or
district regulations, of official zoning map

_____ It is a special exception to the ordinance of which the “Board of
Adjustment” is required to pass.

_____ It is a request for a variance relating to the
_____ area, frontage, _____ yard or open space,
_____ height _____ setback line

(State if the request is for the purpose other than those enumerated provisions of
the ordinance): _____

LEGAL DESCRIPTION

The property is located at:

Parcel identification number (s):

Block number: _____ Lot number: _____ Lot size: _____

Subdivision name: _____

or (if otherwise legally described): _____

Present zoning class: _____

Proposed zoning class _____

Present use: _____

Present structures (type and improvements upon the land):

If the petition granted, the effect will be to:

(I), (We), believe that the “Board of Adjustment” should grant this petition because (include the grounds for the appeal or reasons with respect to the law and fact for granting the appeal of the variance. Show of unnecessary hardships must be made before a variance can be granted (*list all applicable hardships*). The grounds must be state for aid in filling out this section, see the information sheet that is supply to you with this form. Attach all supporting date, such as site plans. Attach additional sheets if necessary.)

Has any previous application or appeal, been filed within the last year in connection with these premises?

_____ Yes _____ No

if so, briefly state the nature of the application appeal.

What is the applicant’s interest in the premises affected?

What is the approximate cost of the work involve? _____

INFORMATION TO BE PROVIDED TO THE PERSON/COMPANY

Company name: _____

Company address: _____

Company office phone: _____

Contact name: _____

Contact cell phone: _____

Contact email address: _____

AUTHORIZATION AND SIGNATURE

(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: _____

Printed name of owner: _____

Date signed by owner: _____

The owner has hereby designated the below signed person to act as his/her agent regarding to this petition.

(to be executed when the owner designates another to act on his behalf)

Signature of agent: _____

Printed name of agent: _____

Date signed by agent: _____

ACKNOWLEDGEMENT STATEMENT

Please be advised that you may need a “Water Allocation Agreement” and/or a “Utility Service Agreement” regarding the providing of water to your project and you should contact the Utility Department for further information. Additionally, Sec. 10.2.2 of the Administrative and Procedures Manual provides that you will be responsible for the reimbursement of any consult fees that may be expend on your behalf by the City. These fees will be due and payable at the time of the Site Work Permit or when a Building Permit is issue.

Signature applicant: _____

Printed name of applicant: _____

Date signed by applicant: _____

APPLICATION MUST BE NOTARIZED IN ORDER TO BE EXECUTED

STATE OF FLORIDA

COUNTY OF POLK

THE CONTENTS OF THIS PETITION; ARE SWORN AND SUBSCRIBED

BEFORE ME THIS _____ DAY OF _____, 2019,

WHO ARE PERSONALLY KNOWN TO ME OR HAVE PRODUCED

_____ AS IDENTIFICATION.

NOTARY SIGNATURE:

NOTARY PRINTED NAME:

NOTARY COMMISSION NUMBER:

EXPIRATION DATE OF COMMISSION:

NOTARY SEAL: