



Town of Palm Shores

5030 Paul Hurtt Lane ♦ Palm Shores, FL 32940

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

Date received by Town: _____

Petition No: _____

This application must be completed and returned with all requirements herein to the Town Clerk, (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 Town Clerk. If you have a designated agent or representative, you must submit a completed Letter of Authorization in a format approved by the Town.

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 Town 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 Town with an Affidavit of Authorization if applicant or representative is different from owner.



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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:** _____

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) REQUEST: _____

7. IN ORDER TO SECURE A VARIANCE, THE BOARD MUST DETERMINE BY LAW THAT YOUR VARIANCE REQUEST SATISFIES THE FOLLOWING CRITERIA OF THE TOWN'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:**



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- 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:**

- 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.**



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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: \$500 per variance request (non-refundable) payable to the Town of Palm Shores
- 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.
- f. _____ Mailing Labels and a List, with map of owners of record within 500 feet of the subject property, which may be obtained at:
Brevard 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.



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OWNER/APPLICANT'S SIGNATURE: _____

OWNER/APPLICANT'S PRINTED NAME: _____

REPRESENTATIVE SIGNATURE: _____

REPRESENTATIVE'S PRINTED NAME: _____

DATE: _____

OWNER'S/APPLICANT SIGNATURE

REPRESENTATIVE SIGNATURE

**STATE OF FLORIDA
COUNTY OF BREVARD**

**STATE OF FLORIDA
COUNTY OF BREVARD**

The foregoing instrument was acknowledged
Before me this _____ day of _____
20__ by _____
who is personally known to me, or has
produced _____
as identification and who did not take an oath.

The foregoing instrument was acknowledged
Before me this _____ day of _____
20__ by _____
who is personally known to me, or has
produced _____
as identification and who did not take an oath.

Signature of Notary Public
Print Name: _____
Title: _____
Commission# _____

Signature of Notary Public
Print Name: _____
Title: _____
Commission# _____



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LETTER OF AUTHORIZATION

APPLICATION REQUEST: (CHECK ALL THAT APPLY)

_____ Rezoning	_____ Comprehensive Plan Amendment (Large Scale)
_____ Variance	_____ Comprehensive Plan (Small Scale)
_____ Conditional Use	_____ Home Occupation
_____ Subdivision Plat	_____ Street Vacation
_____ Flag Lot	_____ Other (Specify): _____

LEGAL DESCRIPTION OF PROPERTY

Section _____ Township _____ Range _____
 Tax I.D. # _____ Lot(s) _____ Block(s) _____
 Subdivision _____

I, _____, fee simple owner of the above described property,
 (Name of Owner)
 authorize _____ of _____,
 (Name of Representative) (Name of Business)
 to serve as agent on my behalf for the purpose of making and executing this application for the proposed request. Also, that any representation(s) made on my behalf, by my authorized representative, shall be legally binding on me and my aforesaid property as if I myself had made said representation(s).

Signature: _____
 Signature of Owner

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____
 by _____

Personally known _____ or Produced Identification _____

 Print Name of Notary Public

 Signature of Notary Public