

TOWN OF LAKE CLARKE SHORES

**OFFICIAL APPLICATION FOR ADMINISTRATIVE REVIEW, SPECIAL EXCEPTION REQUEST,
OR VARIANCE REQUEST**

Application Fees:

- Single-Family Residential \$475.00
- Multi-Family Residential and Commercial \$750.00 plus associated costs

PLEASE TYPE OR PRINT INFORMATION WHEN COMPLETING THIS FORM

Name(s): _____

Address: _____

Phone: _____ Fee Receipt Number: _____

Dimensions of Lot: _____ Square Feet: _____

Property Control Number: _____

(Application continues on page 2)

FOR OFFICE USE ONLY

Date of Official Acceptance: _____ Official File Number: _____

Previous Application(s): _____ Related Cases in Area: _____

Existing Zoning District: _____

Variance Request Special Exception Request Administrative Review

ZBA Hearing Date: _____ Town Council Meeting Date: _____

Type of Variance: _____

Remarks: _____

INSTRUCTIONS FOR COMPLETION OF APPLICATION

All properties within a single application must be legal lots of record contiguous and immediately adjacent to one another or be subject to separate petitions and filing fees.

No application shall be accepted unless it is presented on the form provided by the Town.

Before an application may be accepted, it must fully comply with all requirements stated in this application.

All hearings before the Zoning Board of Adjustment and the Town Council shall be initiated by filing with the Town an application, on forms prescribed by the Town, executed and sworn to by the owner or owners of at least fifty (50) percent of the property described in the application, or by duly authorized agent(s), evidenced by a written power of attorney, if not a member of the Florida Bar, or contract purchaser(s), or by any person aggrieved by an order, requirement, decision or determination made by the Building Official in the enforcement of the Zoning Code when appealing same.

TO BE COMPLETED BY APPLICANT

The undersigned hereby petitions the Town of Lake Clarke Shores to call public hearings after due public notice, the cost of which is hereby assumed by the undersigned.

Exact legal description of the subject property (attach if space below is insufficient):

Street Address: _____

**NATURE OF REQUEST
VARIANCE, SPECIAL EXCEPTION, OR ADMINISTRATIVE REVIEW**

(Check all that apply)

(I) (We) request a variance of (specify in feet): _____

Setback Required: _____ Zoning Code Section(s): _____

Setback Requested: _____

Explain the Variance Requested (i.e. requesting variance to enclose existing pool):

(I) (We) request a special exception to the requirements of the _____ zoning district for (specify the particulars, including sections of Code involved):

(I) (We) request an administrative review of an order, requirement, decision or determination made by the Building Official in regards to (specify the particulars):

C. Explain how the special conditions and circumstances as stated in (A) above, do not result from the action of the applicant, or could have been prevented by action of the applicant, or were existing at the time of acquisition of the property by the applicant and at that time were known to the applicant or should have been known by the applicant upon reasonable inquiry at the time of the applicant's acquisition of the subject property:

D. Explain how granting the variance requested will not confer on the applicant any special privilege that is denied by this chapter to other lands, structures or buildings in the same district:

E. Explain how the literal enforcement of this chapter would result in a hardship and how the hardship was not the result of the applicant:

F. Explain the size of the lot, shape of the lot or the existence of other unusual physical conditions of the property:

APPLICANT'S CERTIFICATION

(I) (We) affirm and certify that (I) (We) understand and will comply with the provisions and regulations of the Town of Lake Clarke Shores Zoning Code. (I) (We) further certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief. Further (I) (We) understand that this application, attachments, and fees become part of the Official Records of the Town Clerk and are not returnable.

Signature of Applicant

Signature of Co-Applicant

Type Name:_____

Type Name:_____

Applicant is: (Check one): Owner Agent Contract Purchaser

Applicant Address:_____

Applicant Phone Number:_____

Names of person(s) responsible for petition if other than the applicant:

Name:_____

Address:_____

Phone Number:_____

Name:_____

Address:_____

Phone Number:_____