

WINTER HAVEN

The Chain of Lakes City

CITY OF WINTER HAVEN APPLICATION FOR VARIANCE

451 Third Street, NW
Winter Haven, Florida 33881
Telephone: 863-291-5891
Fax: 863-397-3090

The following information is required for submission of a Variance application. The Board of Adjustment normally meets the first Thursday of each month at 7:00 p.m. to consider such requests. It is important that all information be complete and accurate when submitted to the City.

Please print or type the requested information below.

Name of Applicant/Property Owner: _____

Mailing Address: _____

Phone (Work): _____ Phone (Home): _____

Zoning/Future Land Use of Property: _____

Location of Property: _____

Legal Description of the Property (attach metes and bounds description if applicable)

Lot(s): _____, Block: _____, Subdivision: _____ Section: _____

Township _____, Range _____, Parcel _____, Total Acreage _____

VARIANCE(S) REQUESTED:

For City Use Only:

Application Deadline: _____

Date Received: _____

Received By: _____

Fee Received: _____

Receipt Number: _____

Case Number: _____

Date Accepted: _____

Hearing Date: _____

The following questions must be answered by the Applicant. The Board of Adjustment can grant no variance unless it finds that ALL the following grounds or circumstances exist:

1. Please specify any special conditions and circumstances, that exist which are peculiar to the land, structure, or building involved and that are not applicable to other lands, structures, or buildings in the same land use classification.

2. Do the special conditions and circumstances exist as a result of the actions of the applicant?

3. If the requested variance is approved, will the variance confer on the applicant any special privilege that is denied by the provisions of the City's code to other lands, buildings, or structures in the same land use classification?

4. How would the literal interpretation of the provisions of the City's code deprive the applicant of rights commonly enjoyed by other properties in the identical land use classification? How will it constitute an unnecessary and undue hardship on the applicant?

5. What is the minimum variance necessary to make possible a reasonable use of the land, building or structure?

6. How will the granting of the variance be in harmony with the general intent and purpose of the City's code? How will granting the variance not be injurious to the area involved or otherwise be detrimental to the public welfare?

7. Please provide any other comments or further information necessary to explain your request.

If you are the owner of the subject property, and will represent this application before the Board, complete the following:

(I) (WE) _____
being duly sworn, depose and say that (I) (WE) own one or more of the properties involved in this petition and that (I) (WE) have familiarized (myself) (ourselves) with the rules and regulations of the Board of Adjustment with respect to preparing and filing this petition and that the foregoing statements and answers herein contained and other information attached hereto present the arguments in behalf of the petition herein requested to the best of (my) (our) ability and that the statement and information above referred to are in all respects true and correct to the best of (my) (our) knowledge and belief.

SIGNED: _____

SIGNED: _____

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who (is) (are) personally known to me or who (has) (have) produced _____ as identification and who (did) (did not) take an oath.

Signature of Notary Public

Typed or Printed Name of Notary Public

Notary Public Serial #, if any

Date My Commission Expires

If you are the owner of the subject property, and will have an agent present this application before the Board, complete the following:

STATE OF FLORIDA:
COUNTY OF POLK:

I, _____, as the property owner and _____, as the property owner's authorized agent, state that the information contained in this application is true, accurate and correct, and give our permission and consent to the City of Winter Haven to submit and process this application on our behalf.

Property Owner

Authorized Agent

Date

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who (is) (are) personally known to me or who (has) (have) produced _____ as identification and who (did) (did not) take an oath.

Signature of Notary Public

Typed or Printed Name of Notary Public

Notary Public Serial #, if any

Date My Commission Expires

If you are making this application as agent or lessee of the subject property owner, complete the following:

STATE OF FLORIDA:
COUNTY OF POLK:

(I) (WE), _____,
being duly sworn, depose and say that (I) (WE) serve as (Agent) (Lessee) _____
for the owner(s) in making this petition and that the owner(s) (has) (have) authorized (me) (us) to
act in this capacity. (I) (WE) have familiarized (myself) (ourselves) with the rules and
regulations of the Board of Adjustment with respect to preparing and filing this petition and that
the foregoing statements and answers herein contained and other information attached hereto
present the arguments in behalf of the petition requested to the best of (my) (our) knowledge and
belief.

SIGNED: _____

SIGNED: _____

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this _____ day of _____,
20____, by _____, who (is) (are) personally known to me or
who (has) (have) produced _____ as identification and
who (did) (did not) take an oath.

Signature of Notary Public

Typed or Printed Name of Notary Public

Notary Public Serial #, if any

Date My Commission Expires

ADDITIONAL INSTRUCTIONS AND EXHIBITS

Applicants are welcome and encouraged to contact the Planning staff at (863) 291-5891 from 8:00 a.m. to 5:00 p.m. Monday through Friday to discuss any questions they may have concerning the variance application and hearing process. It is also helpful, but not required, to schedule an application submission time with the Planning staff so they can work with you to explain the variance application review and hearing process. We want to ensure that all applicants understand the review process, the Board of Adjustment meeting schedule and that variance applications must be complete upon submission. Accomplishing these tasks helps both the public and city staff to work together smoothly.

Applicants should answer all six variance criteria questions on pages 2 and 3 to the best of their ability, since these criteria are used by the Board of Adjustment (BOA) as the basis for granting or denying a variance request. You must demonstrate to the BOA that you meet all six criteria to be able to obtain a variance approval.

Please be advised that application fees are normally nonrefundable. Application fees are used to help offset the cost of mailing hearing notices to the public, advertising the case in the newspaper and application review/processing costs.

Also be advised that the Board of Adjustment meets on an as needed basis, normally on the first Thursday of the month. The normal meeting time is 7:00 p.m. Board of Adjustment meetings are open to the public and are held in the John Fuller Auditorium in the Winter Haven City Hall, located at 451 3rd St. NW, Winter Haven, FL.

Please come prepared to fully explain your request to the Board of Adjustment and to answer questions concerning your application. Applicants may also appoint an authorized agent to act fully on their behalf using the attached authorization form. City staff will contact you by mail or phone prior to the applicable Board of Adjustment meeting to inform you of your meeting date and time. You may also request a copy of the city staff application review packet prior to the meeting for your use.

PLEASE SUBMIT THE FOLLOWING REQUIRED EXHIBITS:

A completed application signed by the property owner and/or authorized agent, if applicable.

A check or money order, payable to the City of Winter Haven to pay the required application fee. Please contact the Planning and Development staff for the current application fee amount.

A property survey for properties or parcels containing a building or structure when such building or structure will be affected by a proposed variance request. The survey will be used to help determine the location, nature, and relative impacts of the proposed building or structure variance request.

For vacant properties, a property survey or surveyor's sketch of property description or scaled drawing of the property showing the property boundaries, proposed buildings or structures involved and other information needed to illustrate the requested variance(s) is needed. Please contact the Planning Department to determine the most appropriate way to illustrate and explain your request prior to application submission.

Questions or comments may be addressed to:

Planning Department
City of Winter Haven
451 Third Street, NW
Winter Haven, Florida 33881

Or

P.O. Box 2277
Winter Haven, Florida 33883

Telephone: (863) 291-5600
Fax: (863) 297-3090