



# APPLICATION FOR ZONING VARIANCE

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

RECEIVED BY: \_\_\_\_\_

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

## Application Requirements

This application must be completed and submitted with application fee and ALL required attachments.  
(Checks payable to the City of Palatka)

- |   |   |
|---|---|
| <input type="checkbox"/> Application Fee<br>Residential \$ _____<br>Non-Residential \$ _____<br>After the Fact \$ _____ | <input type="checkbox"/> Project Narrative<br><input type="checkbox"/> Legal Description<br><input type="checkbox"/> Site Plan<br><input type="checkbox"/> Letter of Authorization* |
| <input type="checkbox"/> Copy of Recorded deed  |   |

## Site Information

1. Property Address: \_\_\_\_\_
2. Parcel Number: \_\_\_\_\_
3. Current Property Use: \_\_\_\_\_
4. Number/types of structures on property: \_\_\_\_\_
5. Proposed Development for Which Variance is Required (May use attachment if necessary): \_\_\_\_\_  
\_\_\_\_\_
6. Specific Variance(s) Requested (May use attachment if necessary): \_\_\_\_\_  
\_\_\_\_\_

## Applicant Information

**Owner** (Print Name): \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

**Agent/Contractor** (Print Name): \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

**AGENT/CONTRACTOR'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regarding construction and zoning.**

\*Letter of authorization for agent is required if any person other than the property owner makes the application and acts on the behalf of the owner.



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## To Be Notarized

Name (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who executed the foregoing application and acknowledged to and before me executed this document for the purposes therein expressed.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_ State of \_\_\_\_\_ at Large

Type of Identification Produced: \_\_\_\_\_

## For Official Use Only

### Attachments Reviewed:

- Copy of Recorded Deed       Letter of Authorization  
 Legal Description       Fees       Project Narrative

Date Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_

Current Requirements: \_\_\_\_\_

Surrounding property owner's notices sent: \_\_\_\_\_ Date: \_\_\_\_\_

Signs Posted by: \_\_\_\_\_ Date: \_\_\_\_\_

Surrounding Uses: \_\_\_\_\_

Preliminary review by: \_\_\_\_\_

Legal Ad ran: \_\_\_\_\_ Date: \_\_\_\_\_