

PROCEDURES

ADMINISTRATIVE VARIANCE APPLICATION

This application must be completed and returned to the Planning and Zoning Department with all the required exhibits. It will then be reviewed by the City staff. Following staff review, your request will be sent to the Administrative Variance Committee for a hearing and final action. Whoever is listed as the applicant will be advised of all dates and times of the hearings.

You may appear at the hearing in person or be represented by an authorized agent or attorney. If you cannot attend the hearing, you should make arrangements to have an authorized representative (authorized in writing and notarized) appear on your behalf so that the application can be acted upon in your absence.

If photographs, documents, maps or other materials are provided to the Committee as evidence at the hearing, you will need to leave those instruments with the secretary or the City Clerk. By law, those instruments become public records and cannot be returned to you.

The hearing before the Committee is considered quasi-judicial in nature. This means that the Board is sitting as a judge would in a court room and that the decision made should be a result of the evidence presented at the hearing. Therefore, applicants or interested individuals are **PROHIBITED FROM CONTACTING ANY OF THE COMMITTEE MEMBERS BY PHONE, IN PERSON, OR IN WRITING, WHO WILL BE MAKING DECISIONS OF THE ACTION.**

If you wish to appeal any determination of the Committee, you will need a verbatim transcript of the record and copies of all the evidence presented. It will be your responsibility to make arrangements for the preparation of that verbatim record at your expense. Any application rejected by the Administrative Variance Committee may be appealed to the Board of Adjustment. All forms for that must be completed by the applicant or the applicant's representative and the \$50.00 fee must be paid.

CASE # AV-

APPLICATION (ADMINISTRATIVE VARIANCE)

CITY OF MELBOURNE, FLORIDA

This application must be completed **(PLEASE TYPE OR USE BLACK INK)** and returned with all requirements referred to herein to the Office of the Planning and Zoning Administrator of the CITY OF MELBOURNE. This application will then be referred to the Administrative Variance Committee for their study and recommendation. You will be advised of the date and time of the hearing before this committee. You may appear before this committee in person or be represented by an authorized agent or attorney. If you cannot attend the meeting, then you should make arrangements to have an authorized representative (authorization in writing and notarized) appear on your behalf as the application can be acted upon by the Administrative Variance Committee even in your absence.

1. APPLICANT _____

VARIANCE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ WORK PHONE # _____

2. LEGAL DESCRIPTION OF PROPERTY COVERED BY THIS APPLICATION:
(PARCEL ID NUMBER)

TWP _____ RNG _____ SEC _____ SUBD _____ BLK _____ LOT _____

3. ZONING CLASSIFICATION _____ **(TO BE COMPLETED BY THE CITY)**

4. OWNER OF PROPERTY, IF DIFFERENT THAN APPLICANT:

OWNER ADDRESS _____

OWNER PHONE # _____

5. VARIANCE REQUEST _____

6. The following items are required to complete this application and **MUST** be attached:
- (a) Hearing fee of \$50.00 per parcel of land (cash or check) drawn to the **CITY OF MELBOURNE.**
 - * (b) Plat or survey, to scale, of the subject property for which the variance is requested.
 - * (c) Drawing, to scale, showing the proposed variance (maximum size of 8 1/2" x 14").
 - (d) Power of Attorney from the owner of this subject property if the applicant is not the owner.
 - (e) Proof of Ownership (Tax Assessor's Statement is preferred or a copy of a Deed). Which ever is chosen for use, as proof of ownership, the complete legal description must be included.
 - (f) Affidavits from all adjacent property owners indicating that they have no objections.
- * **IF DRAWINGS ARE OVERSIZED (LARGER THAN 8 1/2" X 14"), Five (5) COPIES MUST BE SUBMITTED AND PROPERLY FOLDED.**

I have read the information in this application and have filled in all answers correctly to the best of my ability.

I understand the Board of Adjustment can act upon my application even in my absence.

 APPLICANT'S SIGNATURE

 DATE

 PRINTED NAME

AFFIDAVIT OF NON-OBJECTION

**STATE OF FLORIDA
COUNTY OF BREVARD**

_____ has applied for a variance at _____
_____ in or to (describe variance) _____

_____, being duly sworn depose and say that I/we own property adjacent or across the street from this property and I/we have no objection to the request being made.

Signature

Address to Adjacent Property

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____,
19 ____, by _____ who is personally known to me or produced
_____ I.D. and did take an oath.

Notary Public
My Commission Expires: