



Case Number:

VARIANCE APPLICATION

A variance application will follow the development review process as outlined in Article 4 of the Unified Development Ordinance, adopted on August 24, 2009.

Date of Application: _____
Applicant's Name: _____
Applicant's Address: _____
Applicant's Telephone: _____
Applicant's E-mail: _____

Owner's Name: _____
Owner's Address: _____
Owner's Telephone: _____

Variance Address: _____
PIN Number: _____
Deed Book and Page: _____

Please describe parcel:

Zoning District: _____
Flood Zone: _____
Minimum Lot Size: _____
Lot Size (In square ft) _____
Through Lot: _____
Corner Lot: _____
Setbacks: _____
Existing Use: _____
Proposed Use: _____

What section of the Unified Development Ordinance are you requesting a variance from?
(Staff will attach a copy for your review)

On a separate sheet, please provide a detailed description of what you are requesting.

The Board of Adjustment will use the following answers to guide the evaluation of your proposed request. A variance may be granted by the Board of Adjustment if it concludes that, by granting the variance, the following findings are supported by the Board of Adjustment decision. Please answer with a yes or no and provide the facts you believe support your answer:

If the applicant complies strictly with the provisions of the Ordinance, he/she can make no reasonable use of his property:

The hardship of which the applicant complains is one suffered by the applicant rather than by neighbors or the general public:

The hardship relates to the land, rather than personal circumstances:

The hardship is unique, or nearly so, rather than one shared by many surrounding properties:

The hardship is not the result of the applicant's own actions:

The variance will neither result in the extension of a nonconforming situation in violation of Article 8 nor authorize the initiation of a nonconforming use of land:

I certify that the information provided in this Variance Application is true and accurate and if approved will be in conformance with the Town of Atlantic Beach Unified Development Ordinance and any additional conditions imposed by the Town of Atlantic Beach Board of Adjustment.

Applicant (Owner or Agent)

Date

Amount Paid: _____

Note: The UDO Administrator may request additional attachments to provide to the appointed boards for review. The Board of Adjustment may impose additional conditions on your variance request.

FOR STAFF USE

Application meeting date:

Application received:

Date signs posted:

Date letters mailed:

Date reviewed by Planning Board:

Date of BOA meeting:

Date of Decision by BOA: