



# Department of Economic Growth

## Variance Application

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

Owner's Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What is your variance request?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Site address: \_\_\_\_\_ Alternate Key # \_\_\_\_\_

Please attach or affix a copy of a warranty deed and tax receipt or current property record card describing the property for which this variance is being applied.

What is the substantial hardship in meeting the specific code requirement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the purpose of the Land Development Regulation will be or has been achieved by other means:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional information you believe would assist staff in their research.

To be Completed by Staff

BOA Application # \_\_\_\_\_ Address Screen # \_\_\_\_\_ Alternate Key#: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Comm. District: \_\_\_\_\_ Size of Parcel: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Future Land Use Designation: \_\_\_\_\_

Utility Area: \_\_\_\_\_ Public Utilities: \_\_\_\_\_

Planning Area: \_\_\_\_\_

Has any application been filed within the last year in connection with this property? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant is requesting a variance to the following sections of the Lake County Development Regulations: .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affordable Housing Projects: Estimated value of structure(s) and land for each lot.

Structure(s): \$ \_\_\_\_\_ + land \$ \_\_\_\_\_ = \$ \_\_\_\_\_. If the combined value is equal to or less than 80% of the median price of a home in the Orlando MSA and/or at least 30% of the dwellings in each phase are affordable; the project qualifies for expedited review.

Staff Planner Assigned: \_\_\_\_\_ Fees Collected: \_\_\_\_\_

OWNER'S AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_,  
who being by me first duly sworn on oath, deposes and says:

- 1. That he/she is the fee-simple owner of the property legally described on page 1 of this application. AND
- 2. That he/she desires a Variance to the Land Development Regulations, as amended, as outlined on Pages 1 & 2 for the reasons as stated therein; AND
- 3. That he/she has appointed \_\_\_\_\_ to act as agent in his/her behalf to accomplish the above.
- 4. Permission is granted for staff to conduct a site visit for purposes of review of this variance application.

\_\_\_\_\_  
(Owner's Signature)

**State of Florida**

**County of Lake**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who did \_\_\_\_\_ or did not \_\_\_\_\_ take an oath.

(Seal)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
My Commission Expires

NOTE: All Applications shall be signed by the Owner(s) of the Property or some person duly authorized by the Owner to sign. The authority authorizing such person other than the Owner to sign must be attached.



APPLICANT'S AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_,  
who being by me first duly sworn on oath, deposes and says:

1. That he/she affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements, drawings and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official records of Lake County, Florida, and are not returnable.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**State of Florida**  
**County of Lake**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_. by \_\_\_\_\_, who is personally known to me or who has produced \_\_  
\_\_\_\_\_ as identification and who did \_\_\_ or did not \_\_\_\_\_ take an oath.

(Seal)

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
My Commission Expires

NOTE: All Applications shall be signed by the Owner(s) of the Property or some person duly authorized by the Owner to sign. The authority authorizing such person other than the Owner to sign must be attached.