Application for Variance

Department of Planning & Development Services
300 North Park Avenue, Sanford, Florida 32771
Phone: 407.688.5140 **Fax:** 407.688.5141
www.sanfordfl.gov

1. Legal description of property:
   Tax Parcel No: ☐☐ ☐☐ ☐☐ ☐☐☐ ☐☐☐☐ ☐☐☐☐
   (Attach a computer print-out from the Seminole County Property Appraiser)
2. Address of property: _____
3. Land area: _____ Sq. ft. Acres: _____
4. Current zoning district classification: _____

Variance Requested: _____

Reason for Request: _____

Please attach any supporting documentation at the time this application is submitted.

	Requirement	Variance Requested		Requirement	Variance Requested
Yard Setbacks	_____	_____	Minimum Living Area	_____	_____
Parcel Width @ Building Line	_____	_____	Required Buffer	_____	_____
Min. Parcel Frontage @ Street	_____	_____	Visual Screen	_____	_____
Maximum Building Area	_____	_____	Parking	_____	_____
Minimum Open Space	_____	_____	Sign	_____	_____
Maximum Building Height	_____	_____	Other	_____	_____

I hereby understand and agree to pay all city fees related to this application as required by the city's adopted Fee Resolution.

Signature: _____ Date: _____

This application is submitted by:

Applicant/Agent:

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Note: applicant authorization form must be completed

Property Owner:

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Official Use Only

Application No: _____ Fee: _____ Date: _____

Advertisement Date: _____ Notification of Adjacent Owners (Date): _____

Planning and Zoning Commission Hearing Date: _____ City Commission Hearing Date: _____

☐ Approved ☐ Approved with conditions ☐ Denied

_____ Date: _____
Chairman, Planning and Zoning Commission or Administrative Official