

## City of Minneola

### **Planning Department**

800 N Highway 27, Minneola, FL 34715 (352) 394 – 3598 x172

Fee: \$560.00 Single Family Residential lot; all others \$800.00

### **Variance Application**

This checklist is based on the relevant provisions of Section 98-13 Variances of the Minneola Florida Code of Ordinances. The Code is available online at www.municode.com. The requirements below are minimums that may be adjusted in the pre-application conference.

#### Variance Review Criteria

The general requirements and review criteria are described in Section 98-13(e) of the City Code. The City Council shall consider the following requirements and criteria:

- 1) No diminution of value of the surrounding properties would be suffered.
- 2) Granting the variance would be of benefit to the public interest.
- 3) Denial of the variance would result in unnecessary hardship to the owner seeking it.
- 4) The use must not be contrary to the spirit of the Land Development Code.
- 5) Financial disadvantage, or inconvenience to the applicant, shall not of themselves constitute conclusive evidence of unnecessary and undue hardship and be grounds to justify granting of a variance.
- 6) Physical hardships, such as disabilities of any applicant, may be considered grounds to justify granting of a variance at the discretion of the City Council.

#### **Application Review Process**

#### Development Review Process (DRP)

- The DRP reviewers shall review every application and make recommendations to the Planning & Zoning Commission (P&Z) and City Council (CC)
- The DRP will provide written comments/recommendations to the applicant, the P&Z and the City Council

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Variance Application Page 1 of 6

### Planning and Zoning Commission (P&Z)

The applicant is responsible to correctly post the required signs on the site in a timely manner –
 the signs and posting requirements are supplied by the Department

### City Council (CC)/Board of Adjustment

- The CC must conduct one public hearing regarding the proposed variance permit
- The CC may defer consideration of the subject application at any time
- In granting a variance the CC shall:
  - Specify the manner in which such variance or modification shall be made
  - o The conditions upon which it is made
  - The reasons for the decision

### **Conditions of Approval**

- Establish time limits for the variance to be initiated and/or operated
- Establish specific minimum or maximum limits to regular code requirements
- Any other conditions reasonably related to the requirements and criteria of this section
- A variance that has not been utilized within one year of its approval shall expire

| Office Use:      |          |            |
|------------------|----------|------------|
| Applicant Name:  |          |            |
| Application For: |          |            |
| Amount:          | Check:   |            |
| Amount:          | Check: — |            |
| Rec'd by:        | Date:    | Receipt #: |

Variance Application Page 2 of 6

# City of Minneola Variance Application Cont.

### **Certification**

I, the undersigned, do hereby certify that I have read the application and the relevant guidance material and understand the requirements described therein and that I will fully comply with all City, State and Federal regulations applicable to this project.

I understand that the application fee is non-refundable.

I further understand that I am responsible to reimburse the City for the actual advertising costs, mailing costs, AND the actual consultants' review fees, if any. Said fees shall be paid within 30 days of receipt of the City's invoice or further processing of the application will cease until the invoice is paid in full.

I understand that only application packages that are determined complete by the Department will be scheduled for review.

| Applicant Signature |  |  |  |  |
|---------------------|--|--|--|--|
|                     |  |  |  |  |
| Date                |  |  |  |  |

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## City of Minneola Variance Application Cont.

The material described herein is based on the provisions of Section 98-13 of the City Code. Applicant Name: Applicant Address: General Location and/or Street Address: Alternate Key Number: Applicant Phone #: \_\_\_\_\_ Fax # or E-mail: \_\_\_\_\_ Owner Applicant Is: Agent Purchaser Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_ Fax # and/or E-mail: Site Area (acres or sq. ft.): Existing FLUM: Existing Zoning: Present Use & List of Structures by Use: Proposed Use: Potable Water Source: \_\_\_\_\_\_ Sewage Disposal Method: \_\_\_\_\_ Has this site been subject to other development permit action in the last two years? No\_\_\_\_\_ If Yes, provide the type of action and date of final action: \_\_\_\_\_\_ Cite the Specific Section of the Code that Applies to this Variance: Describe your reasons for seeking this specific variance: Provide any relevant data that you feel supports the requested variance: \_\_\_\_\_\_

# City of Minneola Variance Application

### Owner's Authorization

(required if the property owner is not the applicant)

STATE OF FLORIDA COUNTY OF LAKE

| COO   | IVIT OF EARL  |  |  |  |  |
|-------|---|--|--|--|--|
| Befo  | re me, the undersigned authority, pe  | rsonally appeared  |  |  |  |
| who   | is being by me first duly sworn on oa   | th, deposes and says:                                    |  |  |  |
| 1.    | That he/she is the property owner of the subject parcels in this application. |  |  |  |  |
| 2.    | That he/she desires to apply for a variance generally located at:             |  |  |  |  |
| 3.    | That he/she has appointedto act as agent in his/her behalf to                 | o accomplish the above.                                  |  |  |  |
| 4.    |   |  |  |  |  |
|       |   | Owner's Signature  |  |  |  |
| This  | is to certify that on   | , 20 before me,  |  |  |  |
| an o  | fficer duly authorized to take acknow   | ledgements in the State and County aforesaid, personally |  |  |  |
| appe  | eared   | he/she is personally know to me or has produced          |  |  |  |
|       | as identif  | fication and did (did not) take an oath.                 |  |  |  |
|       | SEAL  |  |  |  |  |
|       |   |  |  |  |  |
|       |   | Signature of Acknowledger                                |  |  |  |
|       |   | Acknowledger Name  |  |  |  |
| Seria | ıl Number   | My Commission Expires                                    |  |  |  |

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Variance Application Page 5 of 6

## City of Minneola Variance Application

### **Adjacent Property Owners**

Type a list of owner's names and mailing addresses for all property owners lying within 300 ft of all sides of the property described in the attached application, as recorded in the current County tax rolls, or attach copies of the appropriate property record card.

| Alternate Key # | Property Owner | Address, include Zip Code |
|-----------------|----------------|---------------------------|
|                 |                |                           |
|                 |                |                           |
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|                 |                |                           |
|                 |                |                           |
|                 |                |                           |

Use additional pages as necessary.



## City of Minneola

800 N. US Hwy 27 Minneola, FL 34715 (352) 394-3598

### Waiver / Disclaimer and Condition Pursuant to Chapter 166.033, Florida Statutes

| Applicant:   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Authorized Representative*:  |   |  |  |  |  |  |
| Application Number:  |   |  |  |  |  |  |
| Application Request:   |   |  |  |  |  |  |
| I, (Prin   | t Applicant / Authorized Representative*  |  |  |  |  |  |
|  | (Applicant) hereby waive the deadlines e Section 166.033 as the provisions of said statute apply at not limited to: |  |  |  |  |  |
| <ul> <li>30-day Staff review of Applicant's applica<br/>Information</li> </ul>   | tion and/or response to Request for Additional  |  |  |  |  |  |
| <ul> <li>30-day requirement for Applicant's respo</li> <li>The limitation of three (3) requests by the information.</li> </ul> | nse to City's Request for Additional information<br>e City of Minneola for additional                               |  |  |  |  |  |
| •  | applicant's application approving, denying, or approving of the determination of incompleteness, as applicable.     |  |  |  |  |  |
| - · · · · · · · · · · · · · · · · · · ·  | v development review meetings on Thursdays for me to bmittal. It is my responsibility to request and schedule a     |  |  |  |  |  |
| Signature of Applicant or Authorized Representat   | <br>ive* Date   |  |  |  |  |  |

<sup>\*</sup>Agent Authorization Form required.