CITY OF WILTON MANORS
"THE ISLAND CITY"

Community Development Services Department
2020 Wilton Drive Wilton Manors, Florida 33305
954-390-2180 Phone 954-567-6069
www.wiltonmanors.com

VARIANCE APPLICATION

GENERAL PROCEDURES FOR FILING A VARIANCE SUBMITTAL APPLICATION:

- Variance submittal applications may be obtained at the Community Services Department and may be initiated by the owner of the property involved or his legally designated representative.

- An application for Variance approval together with the appropriate fee, as established by resolution of City Commission, shall be submitted with forms provided by the Community Services Department.

- The Community Services Department shall review the application and all support documents for completeness and notify the applicant of any deficiencies in the application or support documents and specify what additional requirements are to be met. Once the Community Services Department has determined that the application and support documents are complete, the Department shall place the Variance application on the next most appropriate Planning and Zoning Board agenda for a quasi-judicial public hearing. Planning and Zoning Board meetings are held regularly on the first Monday after the first Tuesday of each month, beginning at 7:00 p.m. A schedule of meeting dates and deadlines is available at the Community Services Department.

- The applicant will receive an agenda and staff report concerning the proposed Variance and staff recommendations prior to the Planning and Zoning Board meeting.

- The initial application submittal shall be accompanied by ten (10) copies of **a site plan showing the proposed improvement as it would be constructed if the variance is granted**. Only one copy is required to be signed and sealed. All plans shall be folded and bound together in separate plan sets with a cover sheet indicating plan sheet numbers. The overall size of plans shall be twenty-four (24) by thirty six (36) inches drawn at a scale no smaller than one (1) inch equals twenty (20) feet except when a smaller scale is approved by the Community Services Department. All plans shall be prepared by professional land surveyors, engineers, architects, landscape architects, or other appropriate professionals as applicable. Such professionals shall be licensed and registered in the State of Florida. All plans shall be prepared by the proper professionals as determined by applicable laws.

- The **following standards for review must be addressed by the applicant in a written document to accompany the application**:
    1. There are special circumstances or conditions applying to the land or building for which the variance is sought, which circumstances or conditions are peculiar to such land or building and do not apply generally to land or buildings in the same district, and that said circumstances or conditions are such that the strict application of the provisions of this chapter would deprive the applicant of the reasonable use of such land or building for which the variance is sought, and that alleged hardship is not self-created by any person having an interest in the property;
    2. The granting of the variance is necessary for the reasonable use of the land or building and that the variance as requested is the minimum variance that will accomplish this purpose;
    3. The granting the variance will be in harmony with the general purpose and intent of this chapter and will not be injurious to the neighborhood or otherwise detrimental to the public welfare.

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VARIANCE APPLICATION

Address/Location of Subject Property:_____
_____

Owner (Applicant):_____
Address:_____
Telephone #: _____Fax #: _____E-mail:_____

Agent for Applicant: _____
Address:_____
Telephone #: _____Fax #: _____E-mail:_____

Legal Description of Property Involved:_____
_____
_____
_____

Existing Zoning _____Future Land Use Map designation_____

Total Acreage/Square Footage of Subject Property_____

Associated Applications (i.e., Rezoning, Plat, Comprehensive Plan amendment, etc.): _____
_____
_____

Current Use of Land _____
_____
_____

Description of Proposed Development_____
_____
_____
_____

_____	_____	_____
Signature of Property Owner	Print or type name	Date
_____	_____	_____
Signature of Agent	Print or type name	Date

**********STAFF USE ONLY**********
Planning and Zoning Board Meeting Date:_____

NOTE: IF THE APPLICANT IS REPRESENTED BY AN AGENT, THE FOLLOWING POWER OF ATTORNEY MUST BE PROPERLY EXECUTED.

AFFIDAVIT

I,_____certify that I am the owner or authorized representative of the property described herein, and that all answers to the questions in this application and any sketches, data or other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief.

KNOW ALL MEN THAT I, _____, do hereby constitute and appoint _____ my true and lawful attorney, to execute the foregoing instrument in my name, place and stead this _____ day of _____, _____.

_____ Date:_____
Signature of owner or authorized agent

_____
Print or type name

_____
Name of owner/agent entity if a corporation, L.L.C., partnership, trust, etc.

_____
Representative capacity of person signing Affidavit:
President or Vice President of Corporation
Managing Member of L.L.C.
General Partner
Trustee
Etc.

STATE OF FLORIDA)
)

COUNTY OF BROWARD)

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

_____
Notary Public

_____
Print or type name
My Commission Expires: _____

KNOW ALL MEN THAT I, _____, _____(Title), of the firm of

_____, do hereby grant the City of Wilton Manors permission to reproduce all or a portion of all plans, drawings, etc., submitted in connection with the foregoing application.

_____
Signature

_____
Print or type name

Title:_____
Date:_____

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

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

_____
Notary Public

_____
Print or type name
My Commission Expires: _____