CITY OF AVON PARK

110 E. Main Street, Avon Park, Florida 33825

VARIANCE APPLICATION

For office use only	
Case Number:	Date Received:
Amount of Fee:	
Receipt Number:	Date of Hearing Advertised:
PLEASE PRINT OR WRITE sheets, if necessary. If not applic	CLEARLY ALL INFORMATION. Attach additional cable, mark as such.
Owner Information Name of Property Owner:	
Mailing Address:	
Home Telephone:	Work Telephone:
Email Address:	
Property Information	Applicant (Agent), mailing address, email address, nip:
Property Address/Location:	
	_ - -
Future Land Use Classification:	Current Zoning:
Water frontage (if applicable)	feet, Depth feet, Street frontage feet feet, Total acres
Current Use of Property:	
Legal Description of Property: _	
	as a result of a code violation notice? Yes No If
these premises? Yes No	appeal been filed within the last year in connection with . If Yes, briefly state the nature of the application or

Reasons & Explanations Explanation of Request, in detail:	
Explanation of Hardship, if variance is not granted:	
Impact to contiguous property owners:	

Required Attachments

- o 10 Sets of: Survey of property (a copy of a land survey by a Florida registered land surveyor)
- o 10 Sets of: A site plan drawn to scale showing all setbacks, any pertinent information related to the request, exact location of existing and proposed structures, and location map. Must include a North marker.
- o Map of properties (a drawing, sketch, plat or tax map) within 300 feet of the property covered in the application. Scale should be at 1" = 200'.
- o Copies of all other permits or permit applications, if applicable to request.
- Certificate of Mailing showing letters were sent to property owners within three hundred (300) feet.
- o Concurrency Evaluation Application (attached).

OWNER'S AFFIDAVIT

I,		, being first	duly sworn, depose and
the proposed	hearing; that all the	broperty described and which answers to the questions in	this application, and all
	* *	entary matter attached to a ne best of my knowledge and	-
1 1	*	l accurate before hearings c	
recorded dee	d restrictions or cove	n to comply with any other nants that are more restrict Board does not supersede the	ive or impose a higher
Printed Name	of Owner	Signature of	Owner
Address: Nun	nber and Street (P.O. B	City and Star	te (Zip Code)
STATE OF I	FLORIDA, HIGHLA	NDS COUNTY	
The Foregoin	g instrument was ackno	owledged before me this	day of ,
		Name who a	
known by me	or who has produced _	an Document	d
		ho did (did not) take an oath:	
respectively, a	as identification and w	no dia (dia not) take an oatii.	
		Signature	
		Signature	
			, Notary Public
		Print Name	
		State of Florida	
		My Commission Expires:	

AGENT'S AFFIDAVIT

I,		, bein	g first duly s	sworn, depose and
described and whethe questions in the attached to and a knowledge and be	ich is the subject nathis application, and made a part of the belief. I understand	IN-FACT, AGENT natter of the proposed all sketches, data application, are hold this application m	d hearing; that and other sup- nest and true just be comp	t all the answers to oplementary matter to the best of my leted and accurate
with any other lav	vfully adopted and pose a higher star	also understand that recorded deed restricted and that any	ctions or cove	nants that are more
Printed Name of A	Agent	Signature of	Agent	
Address: Number	and Street (P.O. B	ox) City	and State (Zip	Code)
The Foregoing in	orida, HIGHLAN strument was acknown and	owledged before me to Name	this day _ who are per	y of, sonally
	Name	Name		
known by me or v	who has produced _	Dogument	and	, Document
		Document no did (did not) take a		Document
		C		
		Print Name		, Notary Public
		G CEL 11		
		State of Florida My Commission Ex		

APPLICATION FOR CONCURRENCY EVALUATION City of Avon Park

This application, together with <u>all required attachments</u>, shall be completed and filed with the Development Director prior to making application for site development plan, subdivision, or building permit approval. A finding of non-deficiency only entitles the owner to apply for development permits pursuant to the time parameters established in Article 6 of the City of Avon Park Land Development Code.

Type or Print the following information.

Owner		Applicant	
Address		Address	
Zip			Zip
Phone #		Phone #	
PROPERTY DESCRIPTION			
Adjacent Road(s)			
Township	Range		Section
Subdivision Name		Block	Lot/Parcel
Plat Book / Page Number (if applicable)			
PROPOSAL			
☐ Site Development Plan ☐ Subdivis	ion	☐ Building F	Permit
DEVELOPMENT INFORMATION			
Acreage / Lot Dimensions		Zoning District	
☐ Residential Development			
Type(s) of Units		Maximum Numbe	r of Units
☐ Non-Residential Development			
Specific Use(s)			Floor Area or Acreage*
* Other measures of intensity may be substituted as appropri	ate for the proposed u	use, such as number of stu	dents (schools), seating capacity (places of worship and

CONCURRENCY EVALUATION WORKSHEET

TRANSPORTATION FACILITIES			
Primary Access Street(s)			
Classification	Current PHT		
Current V/C and LOS	Adopted LOS Standard		
Required facility improvement scheduled in: 5-Year Schedule of Capital Improvements FDOT 5-Year Work Program (no later than 3rd No facility improvement needed	year)		
Potential PHT generated by development	V/C ratio & LOS with development		
Further evaluation of traffic impacts needed	Yes 🗆 No		
POTABLE WATER FACILITIES			
Is proposed development within an existing potable water service Yes (Capacity Certification attached) Supplier of potable water service No	area?		
Are facility expansions or improvements needed to service the development? Yes Needed facilities included in 5-Year Schedule of Capital Improvements Needed facilities will be provided by applicant Needed facilities will be provided by other means (explain below)			
SANITADV SEWED EACH ITIES			
Is proposed development within an existing sanitary sewer service area? Yes (Capacity Certification attached) Supplier of sanitary sewer service No (Attach copy of Septic Tank Permit)			
Are facility expansions or improvements needed to service the development? Yes Needed facilities included in 5-Year Schedule of Capital Improvements Needed facilities will be provided by applicant Needed facilities will be provided by other means (explain below)			
□ No			
PARKS AND RECREATION FACILITIES (Residential propo	sals only)		
Potential population of development proposal			

Existing Level of Service	Level of Service based on proposal's potential
Additional recreation property/funding required to service develop	pment

AVON PARK PLANNING & ZONING FEE SCHEDULE

Comprehensive Plan Amendment or Rezoning*	
Up to 10 acres	\$350.00
10 - 50 acres	450.00
50 acres and up	650.00
Text Amendment	650.00
Special Exception*	250.00
Conditional Use Permits	250.00
Variance (Multi-Family and Commercial)*	250.00
Variance (Single-Family Residential)*	125.00
Site Plan Review	500.00
Plat Review	500.00
Vacating of Right-of-Ways, Property, or Road Closing*	250.00
Concurrency Review	
Subdivision under 26 lots	250.00
27+ lots	500.00
Commercial/Industrial Property	650.00
Appeals of Administrative Decisions	650.00
Documents	
Comprehensive Plan	30.00
Land Development Regulations	30.00
Zoning Map	20.00
Any Document by the Page	0.15

^{*} Base cost. Additional costs for review will be assessed as necessary. The cost of newspaper notice and notice to surrounding property owners will be assessed. All additional costs must be paid prior to final approval.