



CITY OF PUNTA GORDA
 ZONING & CODE COMPLIANCE
 326 WEST MARION AVENUE
 PUNTA GORDA, FL 33950
 (941) 575-3352
 Zoning@CityofPuntaGordaFL.com

ADMINISTRATIVE VARIANCE APPLICATION

DATE RECEIVED:	FILE #				
Application Fee: \$200.00	AD DATE:				
CLEAR DATE:					
Application and all pertinent required data (listed below) MUST be submitted with this application					
<input type="checkbox"/> ORIGINAL application with Signed & Notarized Administrative Variance Application and/or Affidavit Authorization for Agent (if applicable) <input type="checkbox"/> A copy of the deed or other evidence of ownership <input type="checkbox"/> Additional Documents (plans, pictures, letters, etc)	<input type="checkbox"/> Survey of the property (Signed & Sealed) <ul style="list-style-type: none"> • Date of Survey? _____ (not more than 12 months prior to application) • Survey MUST show ALL Easements, Dedications & Improvements 				
<u>In addition to the original application ANY documents greater than 11x17 MUST ALSO be submitted on a CD/DVD</u>					
<p>In order that this application be processed in a timely fashion, the correct and complete information is necessary. It is suggested that the applicant bring the application to the Zoning & Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning & Code Compliance Division accepts no responsibility for the completeness or accuracy of the application. Errors in the filed application may result in delays with respect to required public hearings. All data and exhibits submitted in connection with the filing of this application become a permanent part of the public record.</p>					
1. Applicant					
Name					
Address	City	State	Zip		
Phone	Email address				
2. Owner(s) of Record					
Name					
Address	City	State	Zip		
Phone	Email address				
3. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)					
Name					
Address	City	State	Zip		
Phone	Email address				
4. Property Address					
Address	City	State	Zip		
Parcel ID /Account #	Lot #	Block#	Section	Existing Zoning	

5. Legal Description of Property (Attach separate sheet if necessary)

6. Reason Variance is being requested (be specific)

7. Specific relief of what code

8. Has a notice of Violation been given? Yes (explain below) No

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

AFFIDAVIT

Signature of Owner or Authorized Agent	Print Name & Title	Date
STATE OF _____)		
COUNTY OF _____)		
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 not take an oath.		
		(Seal)
Notary Public, State of Florida	My commission Expires	

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)

I/We _____, property owner(s), hereby authorize _____ to act as **Agent** on our behalf regarding a ADMINISTRATIVE VARIANCE APPLICATION on the property commonly known as _____ in Punta Gorda, Florida.

Signature of Property Owner	Print Name of Property Owner	Date
STATE OF _____)		
COUNTY OF _____)		
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 not take an oath.		
		(Seal)
Notary Public, State of Florida	My commission Expires	