

# City of Punta Gorda, Florida



**ZONING & CODE COMPLIANCE**  
 326 West Marion Avenue  
 Punta Gorda, Florida 33950  
 941-575-3352 Telephone  
 941-575-3310 Fax  
[zoning@pgorda.us](mailto:zoning@pgorda.us)  
[pgcode@pgorda.us](mailto:pgcode@pgorda.us)

## ADMINISTRATIVE VARIANCE APPLICATION

<b>Date Received:</b>	
<b>Application Fee: \$200.00</b>	<b>File #:</b>

<b>AD DATE:</b>	<b>CLEAR DATE:</b>
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**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"/> Survey of the property (Signed & Sealed) <ul style="list-style-type: none"> <li>• Date of Survey? _____ (not more than 12 months prior to application)</li> <li>• Survey MUST show ALL Easements, Dedications &amp; Improvements</li> </ul>
<input type="checkbox"/> A copy of the deed or other evidence of ownership	
<input type="checkbox"/> Additional Documents (plans, pictures, letters, etc)	

**In addition to the original application ANY documents greater than 11x17 MUST ALSO be submitted on a CD/DVD**

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.

### 1. Applicant

Name: \_\_\_\_\_

Address:	City:	State:	Zip:
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Phone:	Email address
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### 2. Owner(s) of Record

Name: \_\_\_\_\_

Address:	City:	State:	Zip:
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Phone:	Email address
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### 3. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)

Name: \_\_\_\_\_

Address:	City:	State:	Zip:
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Phone:	Email address
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### 4. Property Address

Address: \_\_\_\_\_

Parcel ID /Account #	Lot #	Block#	Section	Existing Zoning

