



SIGN VARIANCE APPLICATION

Date Received:	File #: VSIGN-
Application Fee: \$750.00	

Office use only:				
Ad Date		DRC		Planning
				City Council

Application and all pertinent required data (listed below) MUST be submitted with this application

<input type="checkbox"/> ORIGINAL application with Signed & Notarized Sign Variance Application and/or Affidavit Authorization for Agent (if applicable)	<input type="checkbox"/> Survey of the property (Signed & Sealed – if determined necessary by the Zoning Official)
<input type="checkbox"/> A copy of the deed or other evidence of ownership	<ul style="list-style-type: none"> Date of Survey? _____ (not more than 12 months prior to application) Survey MUST show ALL Easements, Dedications & Improvements
<input type="checkbox"/> Plot Plan: Plot Plan: If building exists, should show all existing structures with dimensions, spacing, set-backs and off-street parking.	<input type="checkbox"/> Dimensioned graphic illustration of proposed sign. Include height, width, depth, and method of attachment.
<input type="checkbox"/> Certificate of Appropriateness application and application fee if property is located within the National Register Historic Overlay District, listed on the National Register, or property listed on the Florida Master Site File by the State of Florida Department of State, Bureau of Historic Preservation of the Division of Historical Resource Florida Master Site File No. _____ Contributing Structure <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

IMPORTANT: The applicant or his representative **MUST** be present at the hearing. There will be a fee of \$500.00 for a Voluntary Continuance (a request by the applicant to continue a petition before the appropriate board or council, or by the failure of the applicant to attend or be represented at the appropriate meeting).

1. Applicant							
Name							
Address		City		State		Zip	
Phone		Email					
2. Owner(s) of Record							
Name							
Address		City		State		Zip	
Phone		Email					

3. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)					
Name					
Address		City		State	
Phone		Email			
4. Business Information					
Name		Business Owner			
Address					
Parcel ID /Account #	Lot #	Block#	Section	Property Existing Zoning	
5. Is this request the result of a Violation?			<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No		
6. Are there any existing structures on the property?			<input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No		
7. Reason Variance is being requested					
8. <u>Approval Criteria.</u> The City Council, upon review and recommendation of the Board of Zoning Appeals, may grant a variance for dimensional requirements to wall sign area [not method of computation] and sign setbacks if it concludes that strict enforcement of this Article would result in practical difficulties or unnecessary hardships for the applicant. The City Council, in granting a variance, shall ensure that the spirit of this Article is maintained, public welfare and safety ensured, and substantial justice done. The City Council may reach these conclusions if it makes findings of fact. Please state your position for each of the following approval criteria:					
A. The applicant's situation is unique and is not one that is shared by other properties.					
B. Granting the variance will not deter from the original intent of the uniform sign plan or the ordinance for uniformity and aesthetic appeal between signs on the same or adjoining property.					

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.

Notary Public, State of Florida

My commission Expires

(Seal)

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 SIGN 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.

Notary Public, State of Florida

My commission Expires

(Seal)