



*Baker County*  
**Planning & Zoning Department**

81 N. Third Street  
 Macclenny, FL 32063  
 Phone (904) 259-3354  
 Fax (904) 259-5057

**APPLICATION FOR VARIANCE**

Application # \_\_\_\_\_ Date of Application \_\_\_\_\_

<b>PROPERTY OWNER(S)</b>	Name(s):					
	Mailing Address:					
	City:		State:		Zip:	
	Telephone Number:				Fax #:	
	E-mail Address:					

<b>APPLICANT/AGENT</b>	Name(s):					
	Mailing Address:					
	City:		State:		Zip:	
	Telephone Number:				Fax #:	
	E-mail Address:					

<b>PROPERTY DESCRIPTION</b>	Property Address(es)					
	Property Location(s) (briefly describe, do not use "see attached legal description")					
	Acreage					
	Parcel # (tax ID #)					
	BCC District #					

<b>DESCRIPTION OF REQUEST</b>	Variance Sought:					
	Reason this Variance is being sought:					
	Article# and Section of LDR					
	Zoning & Land Use Classification					
	Previous application filed & date					

**II. REQUIRED ATTACHMENTS:**

**A. All applications (zoning and land use amendments)**

\_\_\_\_\_ Legal Description: An accurate legal description of the specific property being requested for zoning or land use change. The legal description may be either lot and block or metes and bounds. A copy of the legal description must be provided in both digital (MS Word) and print format.

\_\_\_\_\_ Property Ownership Affidavit: Notarized letter(s) of the property owner's consent to amend the future land use/rezone the subject property(ies).

\_\_\_\_\_ Copy of property owner's recorded Warranty Deed.

\_\_\_\_\_ Agent Authorization (if applicable): Notarized letter(s) designating an agent to act on behalf of the property owner(s).

\_\_\_\_\_ Boundary survey of the site.

\_\_\_\_\_ Application fee(s), advertising fee(s) and other fees, as required.

\_\_\_\_\_ Other supporting data required by staff: \_\_\_\_\_  
\_\_\_\_\_

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**III. APPLICATION CERTIFICATION**

I, hereby, certify that I am the owner (or the authorized agent of the owner(s)) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made a part of this application, are accurate and true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner(s) (or Applicant/Agent  
if Agent Authorization form attached)

\_\_\_\_\_  
(Date)

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**Fee for VARIANCE**

Baker County Planning and Zoning Department  
360 E Shuey Avenue  
Macclenny, FL 32063

**Application Fee** **\$100.00**

**Advertising Fee** **\$140.00**

- **Newspaper Ad**
- **Property Signage**
- **Property Owner Notices**  
(Minimum 15 notices, additional fee may be required)

**Total** **\$ \_\_\_\_\_**

**Paid:** Cash \_\_\_\_\_, Check \_\_\_\_\_, Receipt # \_\_\_\_\_, Date: \_\_\_\_\_

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

**Parcel ID #** \_\_\_\_\_

**PERMITS WILL NOT BE ISSUED UNTIL ALL FEES ARE PAID**

**TECHNICAL FEES FOR THE FOLLOWING BUT NOT LIMITED TO THEM  
MAY HAVE EXTRA CHARGES.**

1. **Attorney Option**
2. **State Surveyor Opinion**
3. **Engineer Opinion**
4. **Assistance from Northeast Regional Council**
5. **Mapping Assistance**

PROPERTY OWNERSHIP AFFIDAVIT

Date: \_\_\_\_\_

Baker County  
Planning and Zoning Department  
360 E Shuey Avenue  
Macclenny, FL 32063

PROPERTY DESCRIPTION:

Parcel ID: \_\_\_\_\_ Lot #: \_\_\_\_\_

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

I, \_\_\_\_\_  
Property Owner (Please Print) Property Owner (Please Print)

hereby certify that I am the owner of the above referenced property also described in the attached legal description in connection with filing application(s) for \_\_\_\_\_ submitted to the Baker County Planning and Zoning Department.

\_\_\_\_\_  
(Owner Signature) (Owner Signature)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing affidavit was sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Notary Signature)

**AGENT AUTHORIZATION**

Date: \_\_\_\_\_

Baker County  
Planning and Zoning Department  
360 E Shuey Avenue  
Macclenny, Florida 32063

PROPERTY DESCRIPTION:

Parcel ID: \_\_\_\_\_ Lot Number: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_  
(Please Print)

Property Owner: \_\_\_\_\_  
(Please Print)

The undersigned, registered property owner(s) of the above noted property, do hereby authorize

\_\_\_\_\_, of \_\_\_\_\_  
(Agent) (Name of firm)

to act as agent to file application(s) for the above referenced property and in connection with such authorization to file such applications, papers, documents, requests and other matters necessary for such requested change.

\_\_\_\_\_  
(Owner Signature)

\_\_\_\_\_  
(Owner Signature)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing affidavit was sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Notary Signature)