



Baker County Community Development

Building – Planning – Zoning – Code Enforcement

360 East Shuey Avenue
Macclenny, FL 32063
Office (904) 259-3354
Fax (904)259-5057

APPLICATION FOR VARIANCE

Application # _____ Date of Application _____

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

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

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

DESCRIPTION OF REQUEST	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: _____

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)

Fee for VARIANCE

Baker County Community Development Department
360 E Shuey Avenue
Macclenny, FL 32063

Application Fee **\$200.00**

Advertising Fee **\$100.00**

- **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
Community Development 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
Community Development 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)