



The Department of Planning, Zoning and Development Variance Application

You must set up a pre-application meeting **before** submitting your application.

The following background information is required to schedule a pre-application meeting. The City of DeBary will use this to research the project site in preparation for the meeting. Although this is the minimal amount of background material required, more information is welcome. Please reference the list of Required/Recommended Pre-Application Materials. Please attach additional sheets or plans as needed.

APPLICANT

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

OWNER

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____
Contact Person: _____

Applicant is: Owner Attorney for Owner* Agent for Owner* Contract Purchaser*

Pre-Application Conference held on _____

PROJECT INFORMATION

Project Name: _____
Address of parcel: _____
Parcel ID Number(s): _____
Size of parcel: _____
Existing zoning: _____
Existing Use of Property: _____
A **Variance** to _____

Utility: Private Septic/Well by _____ Central Sewer/Water by _____
 Other by _____

***If you are not the property owner, you must have the owner complete the Notarized Authorization of Owner form.**



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APPLICATION WILL NOT BE ACCEPTED UNLESS ALL OF THE FOLLOWING ARE ATTACHED:

- Fee _____, Check # _____ (All deposits & fees should be made payable to the City of DeBary **Please provide a breakdown of fees**)
- 1 Signed and Notarized Development Reimbursement Form
- 1 Copy: A notarized authorization form from the owner or an attorney representing the owner.
- 2 Sets: **Signed and sealed surveys** of the property (no more than 2 years old) prepared by a Florida Registered Land Surveyor.
The survey must show the location, site & dimensions of existing structure(s) & distances of structure to lot lines.
- 1 Copy: Pre-Application Meeting Form
- 2 Copy: **Legal description** (furnished on CD – Microsoft Word, if possible)
- 1 Copy: Site Plan to scale
- 1 Copy: Copy of Deed(s)
- 1 Written Description of Request
- 1 **CD with all Supplemental materials MUST be submitted.**

IF THIS APPLICATION IS APPROVED, ALL OTHER CITY ORDINANCES SHALL BE COMPLIED WITH AND FEES PAID.

This request will have the first reading by the City Council on _____(mo/day/yr), the final reading and adoption hearing on _____(mo/day/yr), in the City Hall, 16 Colomba Road, DeBary, at 7:00 p.m.

APPLICANT'S RIGHTS FOR APPEAL ARE STATED IN SECTION 1-11 OF THE LAND DEVELOPMENT CODE, ORDINANCE NO. 01-99.

EX-PARTE CONTACTS MUST BE CONSISTENT WITH RESOLUTION 95-19.

STAFF USE ONLY

Planner's Comments/Notes: _____

_____ Notifications Discussed
Date Submitted: _____ Taken By: _____ Time: _____ a.m. /p.m.

Violation(s): _____
PA Meeting Date: _____
EMD Required: YES NO
N/C Lot Letter Required: _____
Other: _____



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Variance Application

NOTICE TO ADJOINING PROPERTY OWNERS

Dear _____:

This is to inform you that I have filed an application for a Rezoning, Case Number _____, for a Public Hearing with the City of DeBary. This Hearing will be held on _____, _____ (mo/day/yr), commencing at _____ a.m./p.m. This application will be heard in the DeBary City Hall, 16 Colomba Road DeBary, FL 32713, commencing at _____ a.m./p.m., or as soon thereafter as the matter may be heard.

I am requesting this Public Hearing for the purpose of rezoning:

from the _____ zoning classification(s)
to the _____ zoning classification(s)

All interested parties may appear at these hearings to hear this request.

The legal description of my property is as follows:

The size of the property is _____ square feet/acres.

Size of Parcel(s) is +/- _____ sf/acres.

This property is located on the _____ side of _____ approximately _____ miles N, S, E, W from the intersection of _____ with _____ road near _____ in the City of DeBary.

Address of Property: _____

Appeals and Rehearing and Administrative Res Judicata are stated in the Zoning Ordinance.

If any person decides to appeal any decision made by the City Council with respect to any matter considered at this meeting, he/she will need a record of the proceedings, and for such purpose, he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (Florida Statutes §286.0105).

Individuals with disabilities needing assistance to participate in any of these proceedings should contact the City Clerk three (3) working days in advance of the meeting date and time at (386) 668-2040.

If you have any questions about this application, please call (386) 668-2040.

