



## COMMUNITY DEVELOPMENT DEPARTMENT

### SUBDIVISION VARIANCE APPLICATION INFORMATION

#### Sufficiency Review

- Supply a copy of the completed application form plus Supporting Materials (see checklist below). Staff will have five (5) working days to review the application for completeness. If incomplete, the application will be returned with an explanation why the application was considered incomplete.
- If deemed complete, the application will be logged in and assigned to a P&Z and BCC hearing cycle and staff will commence review. The applicant is responsible for promptly providing any information that needs to be updated, modified, or newly submitted. Otherwise, the placement of the application on a public hearing agenda may be delayed or a recommendation of denial may be necessary.

**No additional changes may be made to any information in an application after one week before the hearing packet is due to be compiled for the Planning and Zoning Board members or the NOVUS Agenda item deadline for the Board of County Commissioners.** The planner in charge of the petition will be able to inform the applicant of the due date.

#### Supporting Materials checklist

- Two copies of a survey of the property for which you are seeking a subdivision variance, **signed and sealed** by a registered land surveyor. One copy shall be sized 11" x 17" and the other copy shall be 24" x 36"
- A complete legal description (including acreage) of the property for which you are seeking a subdivision variance
- A check for \$445.00 payable to the Charlotte County Board of County Commissioners
- A narrative describing the hardship for which the variance is being requested

The applicant will receive written notification of the hearing date. The applicant or an authorized representative/agent must be present at both the Planning and Zoning Board and the Board of County Commissioners hearings.

Should you have any questions or need assistance, please contact the Charlotte County Community Development Department, 18400 Murdock Circle, Port Charlotte, Florida 33948, or call (941) 764-4954.



**COMMUNITY DEVELOPMENT DEPARTMENT  
SUBDIVISION VARIANCE APPLICATION**

<b>Date Received:</b>	<b>Date of Log-in:</b>
<b>Petition #:</b>	
<b>Receipt #:</b>	<b>Amount Paid:</b>

**1. Section of the County Subdivision Regulations from which you are seeking a variance:**

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**2. Parties involved in the application**

**A. Name of Applicant:**

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Mailing Address:

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City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

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**B. Name of Agent:**

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Mailing Address:

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City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

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**C. Name of Surveyor:**

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Mailing Address:

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City:

State:

Zip Code:

Phone Number:

Fax Number:

Email Address:

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**3. Applicant's Property ID # (required):** \_\_\_\_\_

**4. Zoning district of the subject property:** \_\_\_\_\_

**5. Future Land Use Map designation of the subject property:** \_\_\_\_\_

**6. Are there any other public hearings pending or anticipated for this property?** \_\_\_\_\_

**7. Has a public hearing been held for this property within the last six months?** \_\_\_\_\_

8. Is this request the result of a violation notice? \_\_\_\_\_ If yes, in whose name was the violation served? \_\_\_\_\_

9. Are there any existing structures located on the subject property? \_\_\_\_\_ If yes, what type of construction are they, and what is the current use of the structures?  
\_\_\_\_\_

10. Total acreage of the subject property: \_\_\_\_\_

11. Commission District: \_\_\_\_\_

12. Purpose of request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

13. Describe the hardship that may qualify your request for a Subdivision Variance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AFFIDAVIT

**I, the undersigned, being first duly sworn, depose and say that I am the applicant or agent for this Subdivision Variance and that data and other supplementary matter attached to and made part of the application are honest and true to the best of my knowledge.**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has/have produced \_\_\_\_\_ as identification and who did/did not take an oath.

_____ Notary Public Signature	_____ Signature of Applicant/Agent
_____ Notary Printed Signature	_____ Printed Signature of Applicant/Agent
_____ Title	_____ Address
_____ Commission Code	_____ City, State, Zip
	_____ Telephone Number

**APPLICANT AUTHORIZATION TO AGENT**

I, the undersigned, being first duly sworn, depose and say that I am the applicant for the Subdivision Variance of the property described and which is the subject matter of the proposed hearing.

I give authorization for \_\_\_\_\_ to be my agent for this application.

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has/have produced \_\_\_\_\_ as identification and who did/did not take an oath.

_____ Notary Public Signature	_____ Signature of Applicant
_____ Notary Printed Signature	_____ Printed Signature of Applicant
_____ Title	_____ Address
_____ Commission Code	_____ City, State, Zip
	_____ Telephone Number