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

Date Received: ___________________________ Date of Log-in: ___________________________

Petition #: ____________________________

Receipt #: ____________________________ Amount Paid: ____________________________

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

2. Parties involved in the application

A. Name of Applicant:
Mailing Address:
City: ____________________________ State: ____________________________ Zip Code: ____________
Phone Number: __________________ Fax Number: __________________
Email Address: ______________________

B. Name of Agent:
Mailing Address:
City: ____________________________ State: ____________________________ Zip Code: ____________
Phone Number: __________________ Fax Number: __________________
Email Address: ______________________

C. Name of Surveyor:
Mailing Address:
City: ____________________________ State: ____________________________ Zip Code: ____________
Phone Number: __________________ Fax Number: __________________
Email Address: ______________________

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:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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

______________________________
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