



Community Development Department
155 Corey Avenue
727.363.9265
email: cwelden@stpetebeach.org

FEMA VARIANCE APPLICATION

Applicants must acknowledge understanding of the following. Initial each of the statements below. If you do not understand any of these, staff will explain them to you.

- _____ I understand that a non-conforming use or structure in a particular zoning district does not, in any way, provide justification for the granting of a variance. Furthermore, the existence of a permitted use or structure in adjacent districts does not constitute grounds for a variance.
- _____ On all variances, a majority vote is required. Action on this application by the Historic Preservation Board may be continued to a later meeting.
- _____ I understand that if a variance is approved by the Historic Preservation Board, the applicant is required to obtain the appropriate building permits within 1 year from the date of the decision. If no permit is obtained within 1 year, the approval from the Board becomes voided.
- _____ I understand that any person aggrieved by the final decision has the right to file a petition in the Pinellas County Circuit Court within 30 calendar days after the decision. Permits for construction may be granted prior to the expiration of this 30-day period, but an appeal will be grounds for revocation of the permit.
- _____ I understand that I, as the applicant, or my authorized representative must be present at all scheduled public meetings on the application.
- _____ I understand that, if a variance from Article V of Chapter 98 of the Code of Ordinances is approved, that:
- (1) The variance will not preclude the structure's continued designation as a historic structure.
 - (2) The variance is the minimum necessary to preserve the historic character and design of the original structure.

After acknowledgement of these conditions, complete the application form on the next page.

Signature of Applicant/Authorized Agent and Date

FEMA VARIANCE APPLICATION

Case Number: _____

APPLICANT/AGENT:

PROPERTY OWNER:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____ Phone: _____

Zip: _____ Phone: _____

PROPERTY:

Address: _____

Parcel ID: _____

Current Zoning: _____ Current Land Use: _____ Lot Area: _____

DETAILS OF THE REQUEST: (Add additional sheets if necessary)

This application, together with all required supporting document, shall be submitted by 12:00 noon on the stated filing date for the Board of Adjustment/City Commission. Failure to do so will delay your application to a later date.

Signature of Applicant/Authorized Agent and Date

For office use only:

Hearing Date: _____ Fees: _____

HPB Action: Approved as requested Approved with conditions Denied Continued

City Commission Action: Approved as requested Approved with conditions Denied Continued