



**Community Development Department  
155 Corey Avenue  
St. Pete Beach, Florida 33706  
727.363.9265  
email: k.holley@stpetebeach.org**

### **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 BOA/City Commission may be continued to a later meeting.
- I understand that if a variance is approved by the BOA/City Commission, 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/City Commission 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.

**After acknowledgement of these conditions, complete the application form on the following pages.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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: \_\_\_\_\_ FLUM Designation: \_\_\_\_\_ Lot Area: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach the following supporting documentation to this application:

- Recent survey of the property
- A site plan, drawn to scale, illustrating the proposed variance.

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 \_\_\_\_\_ Date \_\_\_\_\_ Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

Hearing Date: \_\_\_\_\_ Fees: \_\_\_\_\_

Board Action:  Approved as requested  Approved with conditions  Denied  Continued



