



**CITY OF BELLEVIEW**

*"City with Small Town Charm"*

DEVELOPMENT SERVICES DEPARTMENT

5343 S.E. Abshier Blvd., Belleview, Florida 34420

[www.belleviewfl.org](http://www.belleviewfl.org) Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 245-6532

Project #: _____
Received by _____
Application Date: _____
Fees Rec'd: _____

**SPECIAL EXCEPTION APPLICATION**

FEE: \$600.00 Application + advertising cost

Application Information:

Name of Petitioner(s): \_\_\_\_\_

Address of Petitioner(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Legal description of the property for which the special exception is being requested:

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

Street address of the property: \_\_\_\_\_

Property Information:

Parcel #: \_\_\_\_\_

Block/Lot: \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

Proposed Land Use: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Size of lot: \_\_\_\_\_

Setbacks: Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Side: \_\_\_\_\_

Adjacent Zoning: North: \_\_\_\_\_

Adjacent Land Use: North: \_\_\_\_\_

South: \_\_\_\_\_

South: \_\_\_\_\_

West: \_\_\_\_\_

West: \_\_\_\_\_

East: \_\_\_\_\_

East: \_\_\_\_\_

Adjacent Actual Use: North: \_\_\_\_\_

South: \_\_\_\_\_

West: \_\_\_\_\_

East: \_\_\_\_\_

Section of Code to be Excepted: \_\_\_\_\_

Description of the request including hardship to be eliminated:

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**Deed or other proof of ownership must be attached to application.**

Owners Certification: (notarized letter of authorization from the property owner for the applicant is required if the applicant is other than owner of record):

This application is submitted in compliance with Chapter 134 Zoning of the Land Development Regulations, of which I have received a copy. I have exhausted all other potential sources of eliminating the hardship referenced above and there is no other relief available to me except for the granting of this special exception request. I understand that this is for a future use only, to be used by the current occupant/owner and is granted for a one year term. I also understand that I may appeal a denial of the Planning and Zoning Board of Adjustment, but the appeal must be in writing and filed with the City Clerk within ten (10) days of the decision.

I do hereby certify that the information on this application is accurate and complete. I understand that any incomplete or inaccurate information may cause delays and/or additional fees. I also understand that there are no fee refunds.

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Signature of Applicant

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Printed Name of Applicant

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Signature of Applicant

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Printed Name of Applicant