



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

dsstaff@belleviewfl.org

VARIANCE APPLICATION

Variance Type: ☐ Area or Size of Structure ☐ Set-backs ☐ Height ☐ Other

Property Owner Information:

Owner's Name: _____ Phone: _____

Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Project Location Information:

Parcel number(s): _____

Site Address(es) (if applicable): _____

Sec: _____ Twp: _____ Rge: _____ Size of lot: _____ Setbacks: Front: _____ Rear: _____

Side: _____ Subdivision: _____ Lots: _____

Block(s): _____ Unit(s): _____

Existing Land Use: _____ Existing Zoning: _____

Legal description of the property for which the variance is being requested:

Petitioner Information:

Petitioner: _____ Email: _____

Petitioner's Address: _____ City: _____ State: _____ Zip Code: _____

CHECKLIST

- ☐ Deed or other proof of ownership
- ☐ Description of the request including hardship to be eliminated (attach drawings if needed)
- ☐ Land Development Code reference for which variance is being requested

NOTICE

OWNER'S AFFIDAVIT: This application is submitted in compliance with the definition of a variance as well as Article 9, Section 15-76.C. of the Zoning code of the Land Development Regulations, of which I have received a copy. I understand that a variance is authorized for the height, area or size of a structure or size of yards or open spaces and not for use. I also understand that no conforming use of neighboring lands, structures or buildings in the same zoning district shall be considered grounds for the authorization of a variance. Further, no permitted use of lands, structures or buildings in other zoning districts shall be considered grounds for the authorization of a variance.

I certify that this request is a result of conditions peculiar to the property and not the result of any actions on my part. I 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.

I _____ (applicant name) understand that the City of Bellevue has regulations regarding Zoning and development activities including: setbacks, lot coverage, and site plans and that I have attended a Site Plan Committee meeting (for commercial projects) or I have read and understand all regulations pertaining to my proposed project and the attached application and submittal package is complete.

Owner's Signature:

Date: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me
this _____ day of _____ 20_____

By _____

Personally known to me _____ or has produced
_____ as identification.

Notary Public Signature

Print, type, or stamp commissioned name of Notary Public

Seal