



**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: \_\_\_\_\_

**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