

APPLICATION FOR A HARDSHIP VARIANCE
Levy County, Florida

Filing Date: _____
Fee: \$150.00

Petition Number: _____
Validation Number: _____

TO THE LEVY COUNTY BOARD OF COUNTY COMMISSIONERS:

This application is hereby made to the Board of County Commissioners of Levy County, Florida pursuant to the provisions of Chapter 163, Florida Statutes, the adopted Levy County Comprehensive Plan and the Levy County Zoning Ordinance petitioning for a Hardship Variance on the following described property. [Source: Levy County Land Development Code, Section 50-852]

I. OWNER/AGENT INFORMATION:			
Applicant's Name _____		Owner's Name _____	
Address _____		Address _____	
City _____	Zip _____	City _____	Zip _____
Phone Number(s) (____) _____			
Name of Person (s) Receiving Care _____			
Relationship to Applicant/Owner _____			

1. PARCEL INFORMATION:		
Parcel Number (s)	Section/Township/Range	Acreage
a. _____		
b. _____		
	Total Acreage	_____
Subdivision Name: _____	Lot (s) _____	Block _____

Current Use (Actual) and Improvements on the Property: (i.e. Single family home, well, septic, pole barn, etc....)

Directions to the Property: (Please start directions from a State or County Road):

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2. **TO BE SUPPLIED AT THE TIME OF SUBMISSION:** Attach the items in the order listed below. **The application will not be processed without these items.** Any information changes must be submitted, in writing to the Development Department and received one week prior to the Board of County Commissioners Public Hearing.

*** Upon completion of the above application, **please submit the original and 8 copies** to the Levy County Development Department, 622 East Hathaway Avenue, Bronson, Florida, for processing.

Property Description

Property Deed or Tax Certificate: The most recent one pertaining to the proposed amendment property; obtained from the Clerk of Circuit Court's Office or Tax Collector.

Detailed Site Plan: See Section 4 of this application for required information to be shown on the site plan.

Maps:

Property Appraiser's Parcel Map: Identify the proposed site clearly using a color or pattern. _____

Documentation:

Identification: **Must provide picture ID of the hardship recipient (person receiving care) [Current driver's license]**

Medical Certification: Letter obtained by a doctor or by the Florida Department of Health and Rehabilitative Services etc.

Narrative: Provide a letter for this application which documents in writing why the requested Hardship Variance is needed and what special conditions exist that justifies the Variance.

3. **DETAILED SITE PLAN:** Property owner/agent shall submit a site plan of his proposed Hardship Variance to be reviewed by the Board of County Commissioners. The site showing the relationship of the proposed use to the parcel on which it is located. Where a site plan approval is required the following shall be required:

- 1) **Position all existing criteria on the site plan.**
 - A. Dimensions of the entire property and the size of the parcel of land for which a hardship variance is requested, in square feet.
 - B. Name of road fronting property.

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- C. All existing structures, and the distance from such structures to:
 - 1) The property line.
 - 2) The setback lines required for that zoning district.
 - D. All locations of any natural or topographical peculiarities. (i.e. sinkholes, water ways, marshland, etc.) [if applicable]
 - E. Both the centerline and edge of the right-of-way of adjoining roads or easements. [if applicable]
4. The Applicant states that she/he has read and understands the instructions and submission requirements stated in this application. Approval granted by said Commission in no way constitutes a waiver from any applicable Local, State, or Federal regulation.

I hereby certify that the information contained in this application and its supplements are true and correct, and that I am the legal owner or authorized agent of the above described property.

Applicant/Owner (s) Signature _____ Date _____

6. **APPLICATION INSTRUCTIONS:**

- a. An application for a Hardship Variance must be accompanied by a fee of \$150.00. Please note, application fee may be subject to change. **The filing fee will not be collected and the application will not be processed for a Public Hearing until staff has reviewed the application and found it complete.**
- b. If the applicant is not the owner of record of the property, the owner must agree to this application either by signing the application form, or by submitting a notarized letter authorizing the applicant to act as an agent. **Owner's authorization is required at the time this application is submitted.**
- c. All required documentation and submission material is required to accompany the application at the time the request is submitted. Applications are screened for completeness. Depending on the proposed use, additional information may be required. Failure to provide all information and submission material required shall delay the public review of the application until such time as all materials are received.
- e. The Hardship Variance applications are processed once a month. Applications received by the **first day** of the month will tentatively be scheduled, advertised and presented at a public hearing the following month. Applications received after the **first day** of the month will not be scheduled for the following month.

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f. Applications may be submitted as follows:

In Person: Levy County Zoning Department located on Alternate 27 , within the Levy County Building and Zoning Office.

By Mail: Levy County Zoning Department, Levy County Courthouse, Post Office Box 672, Bronson, Florida, 32621.

g. This office will prepare the poster and place it on the property involved in this request.

h. Abutting property owners will be notified by mail of the request. "Abutting property" is any property immediately adjacent or contiguous to the property which is the subject of this request or located within 300' (three hundred feet) of the subject property lines including, immediately across any road or public right-of-way for said property.

i. It is highly advised that the applicant or representative be present at the Public Hearing by the Board of County Commissioners. The Board, at its discretion, may defer action, or take decisive action, on any application, regardless of attendance by the applicant, owner or representative thereof.

Additional Assistance: If you require further information, please contact the Levy County Zoning Department at (352) 486-5203 or visit the above address in person.

OFFICE USE ONLY:

Board of County Commissioners Public Hearing Date: _____

Board of County Commissioners Action: Approval Denial

Notes, Instructions and Comments:

**HARDSHIP VARIANCE
A F F I D A V I T**

Hardship Variance No. _____

Date _____

PARCEL INFORMATION: Legal Description of Property

Subdivision _____ Unit _____ Lot (s) _____ Block _____

Parcel No. _____ - _____ - _____ 911 Address _____ Section(s) _____

Township _____ Range _____ Net Area of Parcel or Lot (s) _____ Acres _____

Mailing Address: _____

I, the property owner {or authorized agent}, understand that if the Hardship Variance that I am applying for is granted, the variance becomes null and void at the time the hardship ceases to exist. {i.e. the person that the hardship variance benefits moves from the property, deceases, or is institutionalized for an indefinite period of time}. I agree to honestly answer and return {mail back} the annual status report in a timely manner. I agree to remove the second {or first} dwelling from the property within sixty (60) days from the time the hardship ceases to exist. I understand that if improvements to the property, such as but not limited to a separate septic tank is involved, that it is a loss I must endure.

I understand that the variance is non-transferable, that any new property owner would not be allowed to assume the variance or keep a second dwelling on their property as "grandfathered-in". I would not be able to assign the variance to any other member of the family not named in the variance, without re-applying and being approved by the Board of County Commissioners.

I _____, on this _____, day of _____ 20 _____,
have read, or caused to have read to me, this legal instrument and do hereby agree to the conditions set herein.

Owner/Authorized Agent's Signature

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____ to be well known to me, to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purpose therein expressed.

Witness my hand and official seal this _____ day of _____ 20 _____.

Personally known _____ Identification Expiration Date _____

Notary Public _____
(Print)

Notary Public _____
(Signature)

My Commission Expires: _____

