

CITY OF ST. AUGUSTINE
A-15 APPLICATION TO BOARD OF ADJUSTMENT AND APPEALS

Application Fee _____ BDAC No. _____
Receipt No. _____ Meeting Date _____
Florida Master Cite Lic. # _____ Deadline Date _____

PLEASE PRINT OR TYPE

1. ACTION REQUESTED: Building Code Variance Appeal of Staff Determination Other
2. NAME OF APPLICANT _____ Daytime Telephone _____
 Address _____ City _____, State _____ ZIP _____
3. NAME OF PROPERTY OWNER _____ Telephone _____
 Address _____ City _____, State _____ ZIP _____
4. PROJECT ADDRESS _____
5. LEGAL DESCRIPTION LOT/BLOCK _____ SUBDIVISION _____ PID _____
6. TYPE OF CONSTRUCTION Existing _____ Proposed _____
7. BUILDING USE Existing _____ Proposed _____
8. REASON FOR ACTION REQUESTED :

Justification _____

Hardship: _____

AGREEMENT: In filing this application, I understand that it becomes a part of the Public Records of the City of St. Augustine and hereby certify that all information contained herein is accurate to the best of my knowledge. Application must be signed by both the applicant and the property owner, if different. Letter of authorization must be submitted in absence of the property owner's signature or where authorized agent signs in lieu of either the applicant or the owner. Florida Statute 286.0105 states that a person appealing any decision by this Board at any meeting regarding this application may need a verbatim record of the proceedings which includes testimony and evidence upon which the appeal is to be based.

SIGNATURE OF APPLICANT	DATE	BUILDING OFFICIAL	DATE
SIGNATURE OF PROPERTY OWENER	DATE	CHAIRPERSON	DATE