

CITY OF ST. AUGUSTINE
A3 - APPLICATION TO PLANNING AND ZONING BOARD

Application Fee: _____

BDAC Project No. _____

Receipt No. _____

Meeting Date: _____

PLEASE PRINT OR TYPE

1. NAME OF APPLICANT: _____ Daytime Telephone: _____

Business (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

2. NAME OF PROPERTY OWNER: _____ Daytime Telephone: _____

Business (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

3. LEGAL DESCRIPTION OF PROJECT PROPERTY

Lot: _____

Block: _____

Subdivision: _____

Parcel Number: _____

4. PROJECT STREET ADDRESS: _____

5. SPECIFIC PROPOSED USE: _____

6. ACTION REQUESTED

Exception

Appeal of Staff Determination

Rezoning

Variance

Land Use Plan Amendment

Conservation Zone Development

Other: _____

7. DESCRIPTION OF ACTION REQUESTED: _____

8. JUSTIFICATION FOR ACTION REQUESTED: _____

9. If applying for a variance, please complete the following:

(a) Does the property have a disadvantage which is not common to other properties in the area?

Please explain fully. _____

(b) Can you establish that this disadvantage is not due to the owner's actions? Please explain fully. _____

(c) Can you establish that this disadvantage prevents reasonable use of the property? Please explain fully. _____

(d) If granted, will the variance adversely affect other property in the area? Please explain fully. _____

(e) If granted, can you establish that the variance will be in harmony with the intent and purpose of the code?

Please explain fully. _____

10. PREVIOUS APPLICATIONS

Has any application been submitted to the Planning and Zoning Board concerning any part of the subject property within the past year?

Yes No If yes, give date and final disposition below.

11. AGREEMENT

In filing this application, I understand that it becomes a part of Public Record 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 applicant and property owner if different. Letter of authorization must be submitted in absence of the property owner's signature or where an authorized agent signs in lieu of either property owner or applicant.

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.

12. _____
Signature of Applicant Date

13. _____
Signature of Property Owner Date

CITY OF ST. AUGUSTINE

DEVELOPMENT PERMIT APPLICANT WAIVER

The applicant acknowledges and agrees to waive the limitation of three requests for additional information by the City of St. Augustine, pursuant to Ch. 166.033, Florida Statutes.

The applicant acknowledges and agrees that the City offers weekly Friday Review development review meetings, as well as, department specific applicant meetings with its reviewing staff at any point in the application process to attempt to resolve outstanding issues. The applicant is responsible for scheduling any requested meetings with City staff directly.

The applicant acknowledges and agrees that if after three unresolved submittals the applicant elects to proceed with final approval or denial proceedings, the applicant must request so in writing to the City.

Print name of applicant

Signature of applicant

Date