

CITY OF ST. AUGUSTINE
A15-APPLICATION TO BOARD OF ADJUSTMENTS AND APPEALS

Application Fee _____

BDAC No. _____

Receipt No. _____

Meeting Date _____

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 STREET ADDRESS _____

5. TYPE OF CONSTRUCTION Existing _____ Proposed _____

6. BUILDING USE Existing _____ Proposed _____

7. REASON FOR ACTION REQUESTED:

Justification:

Hardship:

AGREEMENT: In filing this application, I understand that it becomes a part of the 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 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.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PROPERTY OWNER

DATE

STAFF USE ONLY

1. ZONING _____

2. CURRENT USE _____

3. FLORIDA MASTER SITE FILE NUMBER _____

4. FLOOD ZONE _____ CURRENT ELEVATION _____

5. LEGAL DESCRIPTION OF PROJECT PROPERTY:

Lot _____ Block _____

Subdivision _____

Parcel Number _____

6. THIS APPLICATION IS APPROVED TO GO TO THE BOARD OF ADJUSTMENTS AND APPEALS.

BUILDING OFFICIAL OR AUTHORIZED SIGNATURE

DATE

THIS APPLICATION IS DENIED APPROVED APPROVED WITH STIPULATIONS:

CHAIRMAN, BOARD OF ADJUSTMENTS AND APPEALS

DATE