

Community Development Department
 Comprehensive Planning Section
 Room 205
 18500 Murdock Circle
 Port Charlotte, FL, 33948



**CHARLOTTE COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT**

**APPLICATION TO
 Request a Variance from the TDU Code**

Date Received:	Petition #:
Date of Log-in:	Receipt #: Amount Paid:

The County will only process this application if the petitioner is also the owner of the Receiving Zone (RZ) property or the Sending Zone (RZ) property, as applicable.

The variance procedure allows a petitioner to seek limited relief from the requirements of this section of the code. Submit one paper copy of the application and a disc containing a copy of the application in PDF format to the Growth Management Department. (Any changes or additions to the application will require you to resubmit the PDF document)

Fee is \$1,485, made payable to the Charlotte County Board of County Commissioners

APPLICANT INFORMATION

1) Applicant's: (add an attachment to the application if there is more than one owner and include % interest of each owner)

Name: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:	Fax Number:	

2) Agent's:

Name: _____

Mailing Address: _____

City:	State:	Zip Code:
Phone Number:	Fax Number:	

3) Parcel(s) Property Account #: _____

4) Land Size (Square Feet or Acres): _____

5) Existing Zoning Classification of Property: _____

6) Existing Future Land Use Map Designation of Property: _____

7) Attach a narrative.

- A. Explain what section(s) of the TDU are you requesting relief from; and
- B. Explain the nature of the relief; and
- C. Draft a response to conditions 1 through 6 below.

8) Once the petition is evaluated by Growth Management Staff, additional information may be requested if deemed necessary for a true and complete evaluation of the variance. If the application is found to be insufficient, you will be notified within ten (10) working days from the submittal of the application and you will be responsible for supplying the additional information and/or clarification.

CRITERIA APPLICABLE TO VARIANCE

Section 3-5-433 Charlotte County Code

After hearing the application for a variance, together with such other reports or testimony as may be relevant, the Board of County Commissioners may deny the requested variance or grant such variance from the terms of this section if the request meets the conditions hereinafter set forth. Action by the Board of County Commissioners shall require the concurrence of a majority of the members present.

A variance can be granted only if all of the following conditions are found to exist:

Condition 1. The strict application of the requirements of the TDU code prohibiting the Certification or Transfer of Density would create an unnecessary hardship as distinguished from a mere inconvenience, on the property owners; and

Condition 2. The conditions giving rise to the requested variance have not been created by any person presently having an interest in the affected properties; and

Condition 3. The variance requested is the minimum modification of the regulation at issue to effectuate the relief necessary; and

Condition 4. The granting of the variance would not be injurious to or incompatible with the

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surrounding neighborhood or otherwise detrimental to the public welfare; and

Condition 5. Owing to the specific circumstances which gave rise to the prohibition or hardship, the spirit and intent of this article would be preserved by granting the variance; and

Condition 6. The requested variance is consistent with the Charlotte County Comprehensive Plan.

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AFFIDAVIT

I, the undersigned, being first duly sworn, depose and say that I am the

[] fee owner

[] part owner (% of ownership -)

of the property identified by the account number(s) listed in this application. I understand this application must be complete and accurate before the hearing can be advertised. I acknowledge that all items listed in the application must be submitted concurrent at the time the County accepts the application. I swear that all information submitted with the application is honest and true to the best of my knowledge and belief.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by
who is personally known to me or has produced

_____ as identification and who did/did not take an oath.

Notary Public Signature	Signature of Applicant
Notary Printed Signature	Printed Signature of Applicant
Title	Address
Commission Code	City, State, Zip
	Telephone Number