

**Application for Administrative Modification
Planning Division**

OFFICE USE ONLY	
Petition No. _____	Hearing Date: _____

CHECK ONE: ☐ **Historic District:** _____ ☐ **Individual Listing**

Owner(s) of Record (please print)	Agent Authorized to Act on Owner Behalf
Name:	Name:
Address:	Address:
E-mail Address:	E-mail Address:
Phone:	Phone:
Fax:	Fax:

PROPERTY INFORMATION:			
Street address:			
Tax parcel no(s):			
Legal description (may be attached):			
Existing Zoning:		Lot size:	
Present use:		Proposed use:	
Present structures (type) and improvements upon the land:			
SURROUNDING PROPERTY INFORMATION: (List all uses surrounding the subject property under "Existing use." Staff is available to supply zoning and land use information.)			
	Zoning	Land Use	Existing Use
North			
South			
East			
West			

**The requested modification will change the following
zoning or building requirement in this manner:**

(select only those that apply)

	Required	Existing	Proposed
<input type="checkbox"/> Front, Side, Or Rear Building Setback Line			
<input type="checkbox"/> Building Height			
<input type="checkbox"/> Building Separation			
<input type="checkbox"/> Floor Area Ratio			
<input type="checkbox"/> Maximum Lot Coverage			

Certified Cashier's Receipt

The following information must be collected to demonstrate the foundation for the requested modification as specifically required by the Land Development Regulations. As the applicant, you bear the burden of proving the administrative modification criteria.

1. Document that the proposed modification(s) will not impact the public safety, health, or welfare of the abutting property owners or the historic district.

2. Describe the neighboring building patterns or historic development conditions that are consistent with the proposed modification(s).

3. What particular design elements or composition of the proposed modification(s) contribute to the existing building patterns or historic development of the historic district?

4. Affirm that applicable site design requirements such as utilities, stormwater, and access, as per the Land Development Code of the proposed development are in compliance.

Please continue on additional pages as needed

SIGNATURES

1. (a) I hereby attest to the fact that the above supplied parcel number(s) and legal description(s) is (are) the true and proper identification of the area of this petition.
(b) I authorize staff from the Planning and Development Services Department to enter onto the property in question during regular city business hours in order to take photos which will be placed in the permanent file.
2. I/We understand that this petition becomes a part of the permanent records of the Planning Division. I/We hereby certify that the above statements and the statements or showings made in any document or plans submitted herewith are true and correct to the best of my/our knowledge.

Property Owner Signature: _____ Date: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,
by (Name) _____.

Signature – Notary Public

Personally Known ____ OR Produced Identification ____ (Type) _____