



**SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION**  
**1101 EAST FIRST STREET, SANFORD, FLORIDA 32771**  
**(407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV**  
*www.seminolecountyfl.gov*

## VARIANCE

### **PROCESS**

Upon your completed application submittal, your variance will be assigned to a Project Manager. Once the Project Manager has completed the review, they will prepare your variance request to go before the Board of Adjustment. Approximately 3 weeks prior to your scheduled meeting date, you will be contacted by the Clerk to pick up your placard(s) in our office. You will be required to post the placard(s) to your property in compliance with our Land Development Code regulations no later than 15 days prior to the scheduled meeting and provide a notarized affidavit verifying your compliance. The meeting will be held in the Board Chambers on the first floor of the County Services Building outside of the Building Department doors on 6 p.m. on the day of your meeting.

If you would like to get an idea of how the meeting is conducted, please feel free to view our prior meeting videos on our website above.

### **REQUIRED ATTACHMENTS**

- Application
- Application fee
- Variance criteria form
- Ownership Disclosure form (Additional documentation is required if the owner is a trust or corporation)
- Applicant Authorization form (If any party to the application is not the owner)
- Detailed conceptual site plan (See attached sample site plan – Please do not use the numbers to correspond to your own)
- Letters of support from adjacent property owners, if any
- Homeowners Association approvals, if any
- Photographs, if any

### **DELIVERY METHODS**

Completed forms and all the above required attachments may be sent via:

- **E-mail:** [plandesk@seminolecountyfl.gov](mailto:plandesk@seminolecountyfl.gov)
- **Hand delivery:** Seminole County Planning & Development Division, West Wing, Second Floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- **Mail:** Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771



SEMINOLE COUNTY  
 PLANNING & DEVELOPMENT DIVISION  
 1101 EAST FIRST STREET, ROOM 2028  
 SANFORD, FLORIDA 32771  
 TELEPHONE: (407) 665-7371  
 PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ #: \_\_\_\_\_  
 BV #: \_\_\_\_\_  
 BP #: \_\_\_\_\_  
 CV #: \_\_\_\_\_  
 MEETING: \_\_\_\_\_

## VARIANCE

**COMPLETE APPLICATION PACKET MUST BE SUBMITTED BY APPLICATION DUE DATE IN ORDER TO MEET THE DEADLINE FOR THE DESIRED MEETING**

### APPLICATION TYPE/FEE

- VARIANCE** \$300.00 + \$75.00/EACH ADDITIONAL VARIANCE  
 **AFTER-THE-FACT VARIANCE\*** \$600.00 + \$150.00/EACH ADDITIONAL VARIANCE

\*Any variance applications made as a result of unpermitted construction, Code Enforcement, Special Magistrate action, or other violations.

### PROPERTY

PARCEL ID #:	SUBDIVISION NAME:		
ADDRESS:			
TOTAL ACREAGE:	USE OF PROPERTY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL		
ZONING:	FUTURE LAND USE:	BCC DISTRICT:	
TYPE OF STRUCTURE: <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> SIGN <input type="checkbox"/> FENCE <input type="checkbox"/> POOL <input type="checkbox"/> SCREEN ENCLOSURE <input type="checkbox"/> ADDITION <input type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> BOATHOUSE/BOAT DOCK <input type="checkbox"/> OTHER _____			
DESCRIPTION OF STRUCTURE: (SIZE, USE, MATERIALS, ETC.)			
	<input type="checkbox"/> _____ SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/> _____ SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/> MINIMUM LOT SIZE	REQUIRED: _____ SQ. FT./ACRE	ACTUAL: _____ SQ. FT./ACRE
TYPE OF VARIANCE:	<input type="checkbox"/> WIDTH AT BUILDING LINE	REQUIRED: _____ FT.	ACTUAL: _____ FT.
	<input type="checkbox"/> HEIGHT	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/> SIGNAGE	REQUIRED: _____ SQ.FT.	PROPOSED: _____ SQ.FT.
	<input type="checkbox"/> ACCESSORY DWELLING	REQUIRED: 35%	PROPOSED: _____ %
<b>FENCE REQUESTS</b> – DISTANCE FROM FENCE TO SIDEWALK: _____ DISTANCE FROM FENCE TO EDGE OF STREET: _____			
IS THIS REQUEST FOR A STRUCTURE THAT HAS ALREADY BEEN BUILT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE PROPERTY AVAILABLE FOR INSPECTION WITHOUT APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (PROVIDE GATE CODE TO STAFF, IF ANY)			

**OWNER**

NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

**AGENT/CONSULTANT**

NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

I understand that the application for variance must include all required submittals as specified in the Seminole County Land Development Code. **Submission of incomplete plans may create delays.**

I hereby represent that I have the lawful right and authority to file this application.

\_\_\_\_\_  
**SIGNATURE OF OWNER/AUTHORIZED APPLICANT**

(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED WITH  
SUBMITTAL IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

\_\_\_\_\_  
**DATE**

## Variance Criteria

Respond completely and fully to all six criteria listed below to demonstrate that the request meets the standards of Land Development Code of Seminole County Sec. 30.43(3) for the granting of a variance:

1. Describe the special conditions and circumstances that exist which are peculiar to the land, structure, or building involved, and which are not applicable to other lands, structures, or buildings in the same zoning district.
2. Describe how special conditions and circumstances that currently exist are not the result of the actions of the applicant or petitioner.
3. Explain how the granting of the variance request would not confer on the applicant, or petitioner, any special privilege that is denied by Chapter 30 to other lands, buildings, or structures in the same zoning district.
4. Describe how the literal interpretation of the provisions of the zoning regulations would deprive the applicant, or petitioner, of rights commonly enjoyed by other properties in the same zoning district and would work unnecessary and undue hardship on the applicant or petitioner.
5. Describe how the requested variance is the minimum variance that will make possible the reasonable use of the land, building, or structure.
6. Describe how the granting of the variance will be in harmony with the general intent and purpose of the zoning regulations and will not be injurious to the neighborhood, or otherwise detrimental to the public welfare.

**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

The owner of the real property associated with this application is a/an (check one):

- Individual
  Corporation
  Land Trust  
 Limited Liability Company
  Partnership
  Other (describe): \_\_\_\_\_

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above:

**Trust Name:** \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

**Name of LLC:** \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

**Name of Purchaser:** \_\_\_\_\_

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

**Date of Contract:** \_\_\_\_\_

**Specify any contingency clause related to the outcome for consideration of the application:** \_\_\_\_\_

7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
8. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject Rezone, Future Land Use Amendment, Special Exception, or Variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner, Agent, Applicant Signature

**STATE OF FLORIDA  
COUNTY OF SEMINOLE**

Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me, or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary Public

# OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, \_\_\_\_\_, the owner of record for the following described property [Parcel ID Number(s)] \_\_\_\_\_ hereby designates \_\_\_\_\_ to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

**OTHER:** \_\_\_\_\_

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Property Owner's Printed Name

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared \_\_\_\_\_ (*property owner*),  
 by means of physical presence or  online notarization; and  who is personally known to me or  who has produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and sworn an oath on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public



**2023**  
**SEMINOLE COUNTY**  
**BOARD OF ADJUSTMENT**  
**MEETING SCHEDULE**  
 COUNTY SERVICES BUILDING  
 1101 E. 1<sup>ST</sup> STREET, ROOM 1028  
 SANFORD, FLORIDA 32771  
 6:00 P.M.

APPLICATION DEADLINE	MEETING DATE
December 2, 2022	January 23, 2023
January 6, 2023	February 27, 2023
February 3, 2023	March 27, 2023
March 3, 2023	April 24, 2023
March 31, 2023	May 22, 2023
May 5, 2023	June 26, 2023
June 2, 2023	July 24, 2023
July 7, 2023	August 28, 2023
August 4, 2023	September 25, 2023
September 1, 2023	October 23, 2023
October 13, 2023	December 4, 2023*
December 1, 2023	January 22, 2024

\*CHANGED DUE TO HOLIDAY