

V# _____



HOLLY HILL

F L O R I D A

1065 Ridgewood Avenue, Holly Hill, FL 32117

TELEPHONE: (386) 248-9442 PERMITDESK@HOLLYHILLFL.ORG

VARIANCE

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

PROPERTY

PARCEL ID #:			
ADDRESS:			
TOTAL ACREAGE:		USE OF PROPERTY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	
ZONING:		FUTURE LAND USE:	
TYPE OF STRUCTURE: <input type="checkbox"/> SHED <input type="checkbox"/> FENCE <input type="checkbox"/> POOL <input type="checkbox"/> SCREEN ENCLOSURE <input type="checkbox"/> ADDITION <input type="checkbox"/> SINGLE FAMILY HOME			
DESCRIPTION OF STRUCTURE:			
TYPE OF VARIANCE:	<input type="checkbox"/> FRONT YARD SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/> SIDE YARD SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/> SIDE STREET SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/> REAR YARD SETBACK	REQUIRED: _____ FT.	PROPOSED: _____ FT.
	<input type="checkbox"/> MINIMUM LOT SIZE	REQUIRED: _____ SQ. FT.	ACTUAL: _____ SQ. FT.
	<input type="checkbox"/> WIDTH AT BUILDING LINE	REQUIRED: _____ FT.	ACTUAL: _____ FT.
	<input type="checkbox"/> HEIGHT	REQUIRED: _____ FT.	PROPOSED: _____ FT.
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			

OWNER

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

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AGENT/CONSULTANT

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

APPLICATION TYPE/FEE

<input type="checkbox"/> VARIANCE – RESIDENTIAL	\$350.00 PER VARIANCE
<input type="checkbox"/> VARIANCE – COMMERCIAL	\$500.00 PER VARIANCE

ATTACHMENT CHECKLIST

<input type="checkbox"/> APPLICATION
<input type="checkbox"/> APPLICATION FEE
<input type="checkbox"/> LIST OF PROPERTY OWNERS REQUIRING INDIVIDUAL NOTIFICATION. THE LIST AND NOTIFICATION LETTER WILL BE PROVIDED TO THE APPLICANT BY CITY STAFF. THE APPLICANT WILL MAIL THE NOTIFICATIONS AT THEIR EXPENSE VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED.
<input type="checkbox"/> QUESTIONNAIRE
<input type="checkbox"/> OWNERSHIP DISCLOSURE FORM (ADD'L DOCUMENTATION REQUIRED IF OWNER IS A TRUST OR CORPORATION)
<input type="checkbox"/> APPLICANT AUTHORIZATION FORM, IF APPLICABLE
<input type="checkbox"/> ONE SIGNED AND SEALED SURVEY OF THE PROPERTY (NO MORE THAN 2 YEARS OLD).
<input type="checkbox"/> DETAILED CONCEPTUAL SITE PLAN (SEE ATTACHED SAMPLE SITE PLAN)
<input type="checkbox"/> LETTERS OF SUPPORT FROM ADJACENT PROPERTY OWNERS, IF ANY
<input type="checkbox"/> HOME OWNERS ASSOCIATION DRB APPROVALS, IF ANY
<input type="checkbox"/> PHOTOGRAPHS, IF DESIRED

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6. Describe how the granting of the variance will be in harmony with the general intent and purpose of this subpart and the city's comprehensive plan, and that such variance will not be injurious to the area involved or otherwise detrimental to the public welfare.