City of Pompano Beach<br>Department of Development Services<br>Planning \& Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Variance Application
Phone: 954.786.4634 Fax: 954.786.4666

### 155.2420. VARIANCE <br> (Below is a summary of Section 155.2420. For the complete language, please refer to the Zoning Code) No change in permitted uses or increases in maximum allowable density may be authorized by variance.

REVIEW STANDARDS (Each standard MUST be addressed in writing)
A Variance application shall be approved only on a finding that there is competent substantial evidence in the record that all of the following standards are met:
a. There are extraordinary and exceptional conditions (such as topographic conditions, narrowness, shallowness, or the shape of the parcel of land) pertaining to the particular land or structure for which the Variance is sought, that do not generally apply to other lands or structures in the vicinity;
b. The extraordinary and exceptional conditions referred to in paragraph a., above, are not the result of the actions of the landowner;
c. Because of the extraordinary and exceptional conditions referred to in paragraph a., above, the application of this Code to the land or structure for which the Variance is sought would effectively prohibit or unreasonably restrict the utilization of the land or structure and result in unnecessary and undue hardship;
d. The Variance would not confer any special privilege on the landowner that is denied to other lands or structures that are similarly situated.
e. The extent of the Variance is the minimum necessary to allow a reasonable use of the land or structure;
f. The Variance is in harmony with the general purpose and intent of this Code and preserves its spirit;
g. The Variance would not adversely affect the health or safety of persons residing or working in the neighborhood, be injurious to property or improvements in the neighborhood, or otherwise be detrimental to the public welfare; and
h. The Variance is consistent with the comprehensive plan.

## PROCEDURE

1. Pre-Application conference with Principal Planner.

Applicant must make an appointment with Principal Planner to submit application at least 48 hours (2 business days) prior to deadline for filing by calling (954) 786-4640.
2. Recommendation by the Development Service Director.
3. Final decision by the ZBA, following a quasi-judicial public hearing.

## APPLICATION CHECKLIST

The following copies shall be submitted to the Principal Planner.

- One (1) Original Copy
- One (1) Digital Copy in PDF, unless indicated otherwise
- Ten (10) Copies

Application Fee as established by resolution of the City Commission (no copies required)
Completed application with original signatures.
Proof of ownership (owner's certificate form must be completed by owner).
Legal description (Digital copy in WORD)
Written Narrative with list of each Variance and point-by-point response to each Review Standards/ Narratives must be on letterhead, dated, and with author indicated. (Digital copy in WORD)
Current survey. Surveys to be recent and must show all improvements on the property
Conceptual Site Plan demonstrating requested Variance.
(Optional) Documents, photographs, and other evidence
Only for Applications $\quad$ Nine (9) additional copies of above items (total of 19 copies)
for Variance(s) from One (1) copy of any submerged land lease, if existing, complete with all addendums (if
Chapter 151.
Beaches and One (1) copy of Letter of explanation from Code Enforcement (if applicable)
Waterways One (1) copy of immediate neighbors letters/comments about this Variance (if applicable)

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| :--- | :--- | :--- |
| STREET ADDRESS |  | Zoning District |
|  | Block |  |
| Subdivision |  | Lot |
| Representative or Agent's interest in <br> property (Owner, Lessee, Etc) |  |  |
| Has any previous application(s) been <br> filed? | Yes___ No __ |  |
| If Yes, give date of hearing and finding |  |  |


| Owner's Representative or Agent | Landowner (Owner of Record) |
| :--- | :--- |
| Business Name (if applicable) | Business Name (if applicable) |
|  |  |
| Print Name and Title | Print Name and Title |
|  | Signature |
| Signature |  |
|  | Date |
| Date |  |
| Street Address | Street Address |
| Mailing Address City/ State/ Zip | Mailing Address City/ State/ Zip |
|  | Phone Number |
| Phone Number |  |
|  | Email |
| Email | Indicate your preferred medium to receive agendas <br> and notifications: <br> Indicate your preferred medium to receive agendas <br> and notifications: <br> E-Mail |

Florida's Warmest Welcome

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## OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

## Owner's Name:

(Print or Type)
Address:
$\qquad$
$\qquad$

## (Zip Code)

Phone:

## Email address:

(Signature of Owner or Authorized Official)
SWORN AND SUBSCRIBED before me this $\qquad$ day of $\qquad$
$\qquad$ .

## NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)
[ ] Personally know to me, or
[] Produced identification:
(Type of Identification Produced)




ALL DEADLINES AND DATES SUBJECT TO CHANGE







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