

PROCEDURES

ADMINISTRATIVE WAIVER APPLICATION

This application must be completed and returned to the Community Development Department with all the required exhibits. It will then be reviewed by the City staff. Following staff review, your request will be sent to the Administrative Review Committee for a hearing and final action. Whomever is listed as the applicant will be advised of all dates and times of the hearings.

You may appear at the hearing in person or be represented by an authorized agent or attorney. If you cannot attend the hearing, you should make arrangements to have an authorized representative (authorized in writing and notarized) appear on your behalf so that the application can be acted upon in your absence.

If photographs, documents, maps or other materials are provided to the Committee as evidence at the hearing, you will need to leave those instruments with the secretary or the City Clerk. By law, those instruments become public records and cannot be returned to you.

The hearing before the Committee is considered quasi-judicial in nature. This means that the Board is sitting as a judge would in a court room and that the decision made should be a result of the evidence presented at the hearing. Therefore, applicants or interested individuals are **PROHIBITED FROM CONTACTING ANY OF THE COMMITTEE MEMBERS BY PHONE, IN PERSON, OR IN WRITING, WHO WILL BE MAKING DECISIONS OF THE ACTION.**

A waiver request denied shall not preclude the applicant from requesting a variance from the Zoning Board of Adjustment. In such cases, the petitioner shall submit a formal application for a variance consistent with the requirements of the article.

CASE # AV-_____

APPLICATION (ADMINISTRATIVE WAIVER)

CITY OF MELBOURNE, FLORIDA

This application must be completed (PLEASE TYPE OR USE BLACK INK) and returned with all requirements referred to herein to the Office of the Planning Manager of the CITY OF MELBOURNE. This application will then be referred to the Administrative Review Committee for their study and recommendation. You will be advised of the date and time of the hearing before this committee. You may appear before this committee in person or be represented by an authorized agent or attorney. If you cannot attend the meeting, then you should make arrangements to have an authorized representative (authorization in writing and notarized) appear on your behalf as the application can be acted upon by the Administrative Review Committee even in your absence.

1. APPLICANT _____

WAIVER ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ WORK PHONE # _____

E-MAIL _____

2. LEGAL DESCRIPTION OF PROPERTY COVERED BY THIS APPLICATION:
(PARCEL ID NUMBER)

TWP _____ RNG _____ SEC _____ SUBD _____ BLK _____ LOT _____

3. ZONING CLASSIFICATION _____ (TO BE COMPLETED BY THE CITY)

4. OWNER OF PROPERTY, IF DIFFERENT THAN APPLICANT:

OWNER ADDRESS _____

OWNER PHONE # _____

5. WAIVER REQUEST _____

6. The following items are required to complete this application and MUST be attached:
- (a) Hearing fee of \$50.00 per parcel of land (cash or check) drawn to the CITY OF MELBOURNE.
 - * (b) Plat or survey, to scale, of the subject property for which the WAIVER is requested.
 - * (c) Drawing, to scale, showing the proposed WAIVER (fully dimensioned and scaled floor plans, sketches, survey) **(maximum size of 8 ½" x 14")**.
 - (d) Authorization to represent from the owner of this subject property if the applicant is not the owner.
 - (e) **Proof of Ownership (Tax Assessor's Statement is preferred or a copy of a Deed)**. Which ever is chosen for use, as proof of ownership, the complete legal description must be included.
 - (f) Affidavits from all adjacent property owners indicating that they have no objections.
 - (g) Provide written details of the specific waiver request and need thereof.
 - * IF DRAWINGS ARE OVERSIZED (LARGER THAN 8 ½" X 14"), **Five (5) COPIES MUST BE SUBMITTED AND PROPERLY FOLDED.**

I have read the information in this application and have filled in all answers correctly to the best of my ability.

I understand the Administrative Review Committee can act upon my application even in my absence.

APPLICANT'S SIGNATURE

 DATE

 PRINTED NAME

AFFIDAVIT OF NON-OBJECTION

STATE OF FLORIDA
COUNTY OF BREVARD

_____ has applied for a WAIVER at _____

_____ in or to (describe WAIVER) _____

_____, being duly sworn depose and say that I/we own property adjacent or across the street from this property and I/we have no objection to the request being made.

Signature

Address to Adjacent Property

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20 __, by _____ who is personally known to me or produced _____ I.D. and did take an oath.

Notary Public
My Commission Expires:

AUTHORIZATION TO REPRESENT

I, _____, owner of the following described property:

PROPERTY ADDRESS: _____, hereby authorize the following named individual to represent me for the _____.

AUTHORIZED REPRESENTATIVE: _____

BY: _____
PROPERTY OWNER

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me, or who has produced _____ as identification and who did (did not) take an oath.

Notary Public
My Commission Expires: