

PROCEDURES

VARIANCE APPLICATION

This application must be completed and returned to the Community Development Department with all the required exhibits. The City staff will then review the request, prepare a report, and make a recommendation, which will be considered by the Board of Adjustments at a public hearing for final action. Whoever is listed as the applicant will be advised of all dates and times of the public hearings.

Public hearings are held in the City Hall Council Chambers on the last Monday in each month at 6:30 p.m. Please see attached schedule for meeting dates and deadlines.

You may appear at the public hearing in person or be represented by an authorized agent or attorney. If you cannot attend the public 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. All testimony before the Board of Adjustments shall be under oath, administered by a notary public in accordance with Chapter 117, Notaries Public, Florida Statutes.

If photographs, documents, maps or other materials are provided to the board as evidence at the public 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 public hearing before the Zoning Board of Adjustments is considered quasi-judicial in nature. This means that the board is sitting as a judge would in a courtroom 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 BOARD MEMBERS BY PHONE, IN PERSON, OR IN WRITING, WHO WILL BE MAKING DECISIONS OF THE ACTION.**

If you wish to appeal any determination of the Zoning Board of Adjustments, you will need a verbatim transcript of the record and copies of all the evidence presented. It will be your responsibility to make arrangements for the preparation of that verbatim record at your expense.

BOARD OF ADJUSTMENT SCHEDULE

The following is the schedule for the Zoning Board of Adjustment for 2018. All applications to appear before the board must be received by the Community Development Department no later than 5:00 P.M. on the “cut-off date”.

There will be no exceptions.

*CUT-OFF DATE *	MEETING DATE
JANUARY 2, 2018	JANUARY 29, 2018
JANUARY 29, 2018	FEBRUARY 26, 2018
FEBRUARY 26, 2018	MARCH 26, 2018
MARCH 26, 2018	APRIL 30, 2018
APRIL 30, 2018	MAY 21, 2018
MAY 21, 2018	JUNE 25, 2018
JUNE 25, 2018	JULY 30, 2018
JULY 30, 2018	AUGUST 27, 2018
AUGUST 27, 2018	SEPTEMBER 24, 2018
SEPTEMBER 24, 2018	OCTOBER 29, 2018
OCTOBER 29, 2018	NOVEMBER 26, 2018
NOVEMBER 26, 2018	DECEMBER 31, 2018
DECEMBER 31, 2018	JANUARY 28, 2019

CASE # V- 18 - _____
APPLICATION FOR PUBLIC HEARING (VARIANCE)
BOARD OF ADJUSTMENT
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 Community Development Director of the CITY OF MELBOURNE. This application will then be referred to the Zoning Board of Adjustment for their review and recommendation. You will be advised of the date and time of the public hearing before the Zoning Board of Adjustment. You may appear at the public hearing in person or be represented by an authorized agent or attorney. If you cannot attend the Public Hearing, 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 Zoning Board of Adjustment even in your absence.

1. APPLICANT NAME: (Print) _____

VARIANCE ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____

E-MAIL ADDRESS: _____

2. Legal Description of the specific property covered by this application:

TWP: _____ RNG: _____ SEC: _____ SUBD: _____

BLK: _____ PARCEL/LOT: (if applicable) _____

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

4. OWNER OF PROPERTY: (Print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ FAX: () _____

5. VARIANCE REQUEST:

6. At the public hearing and in this application, you must demonstrate all of the following in order to secure a variance.

(a) That special conditions and circumstances exist which are peculiar to the land, structure, or building involved in this application and which are not applicable to other lands, buildings, or structures in the same zoning district. **(Please Explain)**

(b) That the literal interpretation of the provisions of the zoning ordinance will deprive you of rights commonly enjoyed by other properties in the same zoning district and would also work unnecessary and undue hardship on you. **(Please Explain)**

(c) That the special conditions and circumstances referred to in subparagraph (a) above do not result from your own actions. **(Please Explain)**

(d) That the granting of the variance requested herein will not confer on you any special privilege that is denied by the zoning ordinance to other lands, structures, or buildings in the same zoning district. **(Please Explain)**

(e) That the variance being requested is the minimum variance that will make possible the reasonable use of the subject land, structure, or building. **(Please Explain)**

(f) That the granting of the variance requested will be in harmony with the general intent and purpose of the zoning ordinance and will not be injurious to the neighborhood or otherwise detrimental to the public welfare. **(Please Explain)**

Be advised that **financial considerations are not** a consideration/condition for granting a variance.

7. The following items are required to complete this application and **MUST** be attached:

(a) HEARING FEE PER PARCEL OF LAND (Checks made payable to the City of Melbourne):

- * _____ Single-, or Two-Family Residential Uses = **\$339.00**; or
- _____ All other land uses = **\$678.00**
- _____ \$45.00 Legal Advertisement Fee

** (b) Plat or survey, **to scale**, (certified by surveyor or engineer with maximum size of 8-1/2" x 14") of the subject property for which the variance is requested.

** (c) Drawing, to scale, showing the proposed variance (maximum size of 8-1/2" x 14").

(d) Power of Attorney from the owner of the subject property if the applicant is not the owner.

(e) Proof of Ownership – ***Warranty Deed Preferred*** (if a corporation, partnership, LLC or Trust, provide proof of authority to authorize signature)

**** IF DRAWINGS ARE OVERSIZED (LARGER THAN 8 -1/2" X 14"), TWELVE (12) COPIES MUST BE SUBMITTED AND PROPERLY FOLDED.**

* NO MONIES OR APPLICATIONS WILL BE ACCEPTED BY MAIL

_____ I have read the information in this application and have filled in all answers correctly to the best of my ability. (PLEASE INITIAL)

_____ I understand my application can be acted upon by the Zoning Board of Adjustment even in my absence. (PLEASE INITIAL)

Signed and sealed
in the presence of:

OWNER(S):

Signature of Witness #1

Owner 1 Printed Name

Name Printed/Typed

Owner 1 Signature

Signature of Witness #2

Name Printed/Typed

STATE OF _____
COUNTY OF _____

The foregoing Owner Consent was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me OR who has produced _____ as identification.

My commission expires:

Notary Public

Signature of Witness #1

Owner 2 Printed Name

Name Printed/Typed

Owner 2 Signature

Signature of Witness #2

Name Printed/Typed

STATE OF _____
COUNTY OF _____

The foregoing Owner Consent was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me OR who has produced _____ as identification.

My commission expires:

Notary Public

AUTHORIZATION TO REPRESENT

I, _____, owner of the following described property,

PROPERTY ADDRESS: _____, hereby authorize the following named individual to appear on my behalf at the Zoning Board of Adjustment hearing to be held on _____.

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

NAME: _____

TITLE: _____

COMMISSION NUMBER: _____