



# Variance Application

<p><i>Staff Use Only</i> <b>APPLICATION NUMBER:</b> V - ____ - ____</p>
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Please complete the application to the best of your knowledge, and submit the completed form and any required materials to the City of DeLand Planning Department, Room 103, 120 South Florida Avenue, DeLand.

**DESCRIBE VARIANCE REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORTING STATEMENT:** *(List any special conditions where a literal enforcement of the City's provisions will result in unnecessary hardship. See the section below for list of types of hardships. Please be specific concerning the conditions and the resulting hardship. Attach extra pages, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY INFORMATION:**

SHORT PARCEL ID (12 DIGITS): \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

CROSS STREETS: \_\_\_\_\_ AND \_\_\_\_\_

SIZE OF EXISTING PARCEL: \_\_\_\_\_ SQ. FT./ACRES *(circle one)*

LEGAL DESCRIPTION *(attach separate sheet if necessary):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ZONING: \_\_\_\_\_ FUTURE LAND USE: \_\_\_\_\_

EXISTING USE: \_\_\_\_\_

SURROUNDING ZONING DESIGNATIONS: NORTH: \_\_\_\_\_ EAST: \_\_\_\_\_

SOUTH: \_\_\_\_\_ WEST: \_\_\_\_\_

<u>APPLICANT/AGENT:</u>	
NAME:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	FAX:
EMAIL:	

<u>OWNER (IF DIFFERENT FROM APPLICANT):</u>	
NAME:	
COMPANY:	
ADDRESS:	
CITY, STATE, ZIP:	
TELEPHONE:	FAX:
EMAIL:	

SIGNATURE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF OWNER (IF DIFFERENT): \_\_\_\_\_

*\*Please attach a notarized Authorization of Owner and/or notarized power of attorney, if different from applicant.  
 \*If owner of the property is a corporation or company, a corporate resolution must be submitted with the application. An original resolution currently on file in the Planning Dept. that is less than 1 year old may be used. The resolution must state the name of the person(s) who have been resolved by the company as having authority to execute documents on behalf of the company. It must 1) be current; 2) state a termination date; 3) be signed and certified by the secretary; 4) be embossed with the corporate seal; and 5) be an original document.  
 \*For every person doing business under a fictitious name, an Affidavit of Publication must be submitted.*

**THE FOLLOWING MUST BE SUBMITTED AT THE TIME OF APPLICATION:**

- Two (2)** current (*no older than 2 years*) signed and sealed surveys of the subject property, including acreage
- Nine (9)** copies of a to-scale plan clearly illustrating the requested variance(s); must be folded to fit in a 8 ½ x 14" folder. (If review by the TRC is needed, additional copies may also be required.)
- If applicable, one (1) copy of all plans reduced to 8 ½ x 14"
- Legal Description of the subject property

- Typed mailing labels of adjacent property owners within following radii:\*
  - Single-story, single-family dwelling or duplex – within a 100-ft. radius of subject property
  - All other uses – within a 300-ft. radius of the subject property
- Authorization of owner, power of attorney, and/or affidavit of publication, if required (see above section).
- Check made payable to the City of DeLand in the amount of:
  - \$350.00 for single-family residences
  - \$500.00 for all other uses

**Fee is doubled for after-the-fact variances for illegal non-conformities.**

\* Applicant must provide the City with typed mailing labels of property owners’ names and address for parcels within the appropriate radius for that site’s intended use (*see above*). The Volusia County Property Appraiser’s office (123 W. Indiana Ave., DeLand, (386) 736-5901) can provide the information necessary to compile this list, for a fee.

**TYPES OF HARDSHIP (Sec. 33-101.01):**

The following are the three forms of hardship, as defined by the Land Development Regulations:

1. Hardship that would be caused if nonconforming development were required to immediately come into compliance with the Land Development Regulations, as addressed in Sec. 33-102.
2. Hardship caused in particular cases by the imposition of the development standards, as addressed in Sec. 33-103, where:
  - a. Special conditions and circumstances exist, which are peculiar to the land, structure, or building(s) involved; and which are not applicable to other lands, structures, or buildings in the same zoning district.
  - b. Literal interpretation and enforcement of the development code regulations would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of the development code; and would work unnecessary and undue hardship on the applicant such as natural site conditions, size, or shape of the lot or existing structure(s).
  - c. Granting of the variance request will not confer on the applicant any special privilege that is denied by the development code to other lands, buildings, or structures in the same zoning district.
  - d. Granting of the variance will be in harmony with the general intent and purpose of the development code and the City of DeLand Comprehensive Plan, as amended; and will not be injurious to the surrounding properties or detrimental to the public welfare.
  - e. The variance, if granted, is the minimum variance necessary to make reasonable use of the land, building, or structure(s).
  - f. The special conditions or circumstances are not the result of the actions of the applicant or owner.
3. Hardship caused in particular cases by the City’s resource protection standards as addressed in Sec. 33-104.

**NOTE:** The application will be reviewed by the Planning Board. The Planning Board meets the 3<sup>rd</sup> Wednesday of the month in the City Commission Chambers, 120 S. Florida Ave. If it is determined that review by the Technical Review Committee is necessary; the TRC meets the 3<sup>rd</sup> Thursday of the month in the Planning Department, TRC Conference Room, 120 S. Florida Ave. Deadline for submittal is attached. Applications are due at noon on the dates listed. Incomplete applications will not be accepted.

<b>Staff Use Only</b>	
Complete Application Received By & Date:	_____
Incomplete Application Received By & Date:	_____
(missing items):	_____
Scheduled Application Closing Date:	_____ Scheduled Planning Board Meeting Date: _____
Payment Received: Check Amount: \$	_____ Date Paid: _____

# SAMPLE OF CORPORATE RESOLUTION

Accepted by the City of DeLand Planning Department

## RESOLUTION OF BOARD OF DIRECTORS

(Place Name of Corporation Here)

Resolved, That (name of person) is hereby appointed President of the Corporation with the power to make all purchases, contracts, contributions, acts, decisions, proceedings, elections, and deeds and any other papers that need to be signed, on behalf of this Corporation, in his/her own name and in the name of the Corporation, (name of Corporation), Inc.

I, (name of person), do hereby certify that I am the duly elected and qualified (title) and the keeper of the records and corporate seal of (name of Corporation), Inc., a corporation organized and existing under the laws of the State of Florida, and that the above is a true and correct copy of a resolution fully adopted at a meeting of the Board of Directors thereof, convened and held in accordance with the laws and Bylaws of said Corporation on (date), and that such resolution is now in full force and effect.

IN WITNESS WHEREOF, I have affixed my name as (title) and have caused the corporate seal of said Corporation to be hereunto affixed the (date).

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*Name and Title*

# SAMPLE OF NOTARIZED AUTHORIZATION OF OWNER

Accepted by the City of DeLand Planning Department

I/We, \_\_\_\_\_,

(Name of owner) as the sole or joint fee simple title holder(s) of the property described as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

authorize \_\_\_\_\_ (Name of applicant) to act as my agent to seek a \_\_\_\_\_ (e.g. Special Exception, Change of Zoning, etc.) for the above-referenced property.

My application will be heard at a public hearing on \_\_\_\_\_ (mo/day/yr) before the Technical Review Committee, before the Planning Board on \_\_\_\_\_ (mo/day/yr), and before the City Commission on \_\_\_\_\_ (mo/day/yr), unless continued or otherwise rescheduled.

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
OWNER'S SIGNATURE

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date) by

\_\_\_\_\_, (Name of person acknowledging) who is personally known to me or who has produced \_\_\_\_\_ (Type of ID) as identification and who did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

Type or Print Name:

\_\_\_\_\_  
Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_