ADMINISTRATIVE VARIANCE APPLICATION

CITY OF PORT ST. LUCIE
Planning & Zoning Department
121 SW Port ST. Lucie Blvd.
Port St. Lucie, Florida 34984
(772)871-5212 FAX: (772)871-5124

FOR OFFICE USE ONLY

Planning Dept_____
Fee (Nonrefundable)$_____
Receipt #_____

Refer to "Fee Schedule" for application fee. Make check payable to the "City of Port St. Lucie". Fee is nonrefundable. **Attach two copies of proof of ownership (e.g.,warranty deed, affidavit), and a copy of recent survey.**

PROPERTY OWNER:

Name: _____

Address: _____

Telephone No. _____ Fax No. _____

APPLICANT (IF OTHER THAN OWNER, ATTACH AUTHORIZATION TO ACT AS AGENT):

Name: _____

Address: _____

Telephone No. _____ Fax No. _____

SUBJECT PROPERTY:

Legal Description: _____

Parcel I.D. Number: _____

Address: _____

Current zoning classification _____

Description of requested variance and applicable conditions/circumstances justifying request (continue on separate sheet, if necessary): Provide documentation that the attached variance criteria have been met.

_____

_____

_____

_____

_____

_____ _____ _____
Signature of Applicant Hand Print Name Date

NOTE: Signature on this application acknowledges that a certificate of concurrency for adequate public facilities as needed to service this project has not yet been determined. Adequacy of public facility services is not guaranteed at this stage in the development review process. Adequacy for public facilities is determined through certification of concurrency and the issuance of final local development orders as may be necessary for this project to be determined based on the application material submitted.