



VILLAGE OF VIRGINIA GARDENS
6498 N.W. 38th TERRACE
VIRGINIA GARDENS, FLORIDA 33166
TELEPHONE: (305) 871- 6104
FAX: (305) 871-1120

APPLICATION FOR VARIANCE REQUEST

How to apply for a variance:

1. Complete the application form in full.
2. Attach **six (6) up-to-date** copies of property survey to application
3. You must provide sufficient set back information and dimensions in order for the Board to understand your request. For additions and enclosures you must attach **six (6) copies** of the Site Plan and the Floor Plan.
4. Attach **six (6)** drawings or photos of area in question if applicable.
5. Submit application form and any attachments with the required \$250.00 fee to the Building Department, **no later than the 7th day of the month preceding the regular meeting date of the Planning & Zoning Board.**
6. Applicant is **REQUIRED** to attend meeting. The Board may also request that the architect or engineer being used for the proposed project be present at the meeting.

PLANNING & ZONING BOARD MEETS ON THE SECOND THURSDAY OF EACH MONTH.

(I) (We) _____ of _____
(Owners Name) (Address Variance Requested For)

request that a recommendation be made by the Planning & Zoning Board of the Village of Virginia Gardens, on the following appeal which was denied by the Building Official on: _____ for the reason that it is a matter, in which the Building Official could not exercise discretion and which, in his opinion, might properly come before the Board.

A variance is requested to Chapter _____, Section _____ to the Schedule of District Regulations of the Zoning and Land Development Regulations of the Village of Virginia Gardens, for the following reason:

_____ It is an appeal for an interpretation of the ordinance, Schedule of Districts.

_____ It is a request for a variance relating to the area, frontage, yard or open space, height or

 (state if the request is for purpose other than those listed)

Folio Number: _____

The Legal Description is:

Lot(s)	Block	Subdivision
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(I) (We) believe that the Planning & Zoning Board should grant this petition because:

Signature of Owner

Signature of Co-Owner

Printed Name of Owner

Printed Name of Co-Owner

Phone Number (daytime)

Phone Number (daytime)

The contents of this Petition are Sworn to
and subscribed before me this _____
day of _____, 20_____.

The contents of this Petition are Sworn to
and subscribed before me this _____
day of _____, 20_____.

Signature of Notary Public – State of Florida

Signature of Notary Public – State of Florida

Print, Type or Stamp Name of Notary Public

Print, Type or Stamp Name of Notary Public

Commission Expiration Date: _____

Commission Expiration Date: _____

Personally known to me: _____

Personally known to me: _____

Produced Identification: _____

Produced Identification: _____