



City of Marco Island
 Community Affairs Department
 50 Bald Eagle Drive
 Marco Island, FL 34145
 Phone: 239-389-5000 or FAX: 239-393-0266

PF-22

VARIANCE PETITION

Petition number: **V-**_____ Date Received: _____

Planner: _____

ABOVE TO BE COMPLETED BY STAFF

Property Owner(s): _____

Owner's Address: _____

Telephone: _____ Fax: _____

Agent's Name: _____

Agent's Address: _____

Telephone: _____ Fax: _____

Site Information

Address: _____ Property ID #: _____

Subdivision: _____ Block: _____ Lot(s): _____

Is this a corner lot?: _____ Is this a waterfront lot?: _____

Setbacks Required:

Front: _____ ft Rear: _____ ft Side: _____ ft Side: _____ ft

Setbacks provided:

Front: _____ ft Rear: _____ ft Side: _____ ft Side: _____ ft

Zoning and Land Use

Property Subject	Zoning	Land Use
N	_____	_____
S	_____	_____
E	_____	_____
W	_____	_____

For variance requests for *existing structure(s)*, please provide the following information:

1. **What is the requested encroachment?**

2. **When property owner purchased property**

3. **When was the existing structure built (include building permit number if possible)?**

4. **How existing encroachment created?**

5. **What is the certified cost estimate for bringing the existing structure(s) into compliance?**

6. **What extenuating circumstances exist related to the existing structures encroachment?**

7. **Are there any life/safety concerns related to the existing structure(s)?**

For variance requests for *proposed structure(s)*, please provide the following information:

1. **What is the proposed encroachment?**

2. **Why is the encroachment is necessary?**

3. What extenuating circumstances exist related to the proposed structure encroachment?

NATURE OF PETITION

Please note that staff and the Marco Island Planning Board shall be guided in their recommendation to City Council acting as the Board of Zoning Appeals, and that City Council shall be guided in its determination to approve or deny a variance petition by the below listed criteria. Please provide a *narrative* response to the listed criteria and/or questions. Attach additional pages if necessary.

1. Are there special conditions and circumstances existing which are peculiar to the location, size and characteristics of the land, structure or building involved?

2. Are there special conditions and circumstances which do not result from the action of the applicant such as pre-existing conditions relative to the property which is the subject of the variance request?

3. Will a literal interpretation of the provisions of this zoning code work unnecessary and undue hardship or create practical difficulties on the applicant?

4. Will the variance, if granted, be the minimum variance that will make possible the reasonable use of the land, building or structure and which promote standards of health, safety or welfare?

5. Will granting the variance requested confer on the petitioner any special privilege that is denied by these zoning regulations to other lands, buildings, or structures in the same zoning district?

6. Will granting the variance be in harmony with the intent and purpose of this zoning code, and not be injurious to the neighborhood, or otherwise detrimental to the public welfare?

7. Are there natural conditions or physically induced conditions that ameliorate the goals and objectives of the regulation such as natural preserves, lakes, golf course, etc?

8. Will granting the variance be consistent with the growth management plan?

DOCK FACILITY VARIANCE APPLICATION SUBMITTAL CHECKLIST

Required public hearing(s) will not be scheduled until the dock facility variance application package has been deemed by staff to be complete.

- _____ Pre-application notes/minutes if required (Call 389-5013 to schedule a pre-application meeting)
- _____ Completed application
- _____ Completed Owner/Agent affidavit, signed and notarized
- _____ Site plan, drawn to scale, illustrating all of the following:
 - _____ Location map
 - _____ Lot dimensions and land contour of subject property
 - _____ Riparian line(s)
 - _____ Required dock setbacks
 - _____ Configuration and dimensions of decking, boatlifts, boat mooring areas of the (a) existing, (b) proposed, and (c) adjacent boat docking facilities.
 - _____ Water depth survey, completed by a professional Florida engineer, licensed marine contractor, registered surveyor, or other person deemed to be qualified by the Community Development Director or his designee, using the format attached to the application form.
- _____ Permit number and Certificate of Completion date for the original construction of existing boat docking facility, if applicable
- _____ Resolution number and date of previous boat dock extension requests, if applicable
- _____ Application fee (checks should be made payable to "City of Marco Island") in the amount of \$2,000.

PUBLIC NOTICE REQUIREMENT: In addition to the fees required herein, all costs of newspaper notices and required notices for public petitions shall be paid in full prior to a scheduled public hearing. If such payment is not received prior to a scheduled public hearing, the petition will be continued and rescheduled. Any additional cost associated with a rescheduled item shall also be paid in full prior to the public hearing. Advertising for public hearings shall be prepared by staff and submitted to the newspapers as required in the Marco Island Land Development Code (LDC). If an application is filed for which a fee is not listed herein, staff shall assess the fee based upon actual time spent reviewing the petition.
Marco Island Code of Ordinances Section 30-8(a). Amended 10/17/2005

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

I understand that, in addition to approval of this dock variance, a building permit is required prior to commencement of construction. I also understand that if the City of Marco Island City Council approves this dock variance, an affected property owner may file an appeal within 14 days of the hearing. If I proceed with construction during this time, I do so at my own risk.

Signature of Petitioner or Agent

Date

AFFIDAVIT

We/I, _____ being first duly sworn, depose and say that we/I am/are the owners of the property described herein and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, including the disclosure of interest information, all sketches, data, and other supplementary matter attached to and made a part of this application, are honest and true to the best of our knowledge and belief. We/I understand that the information requested on this application must be complete and accurate and that the content of this form, whether computer generated or City printed shall not be altered. Public hearings will not be advertised until this application is deemed complete, and all required information has been submitted. We/I hereby **also** consent to access to the subject property (excluding entering any home or other enclosed structure) by City of Marco Island staff members, Planning Board members, and/or Board or Zoning Appeals members for the limited purpose of evaluating, observing, or understanding the subject property conditions as they relate to the petition. While the petition is pending, Staff members, Planning Board members, or Board of Zoning Appeals members will be allowed access upon the property provided they display a Marco Island City Photo ID or a **Valid** Driver's License.

As property owner we/I further authorize _____ to act as our/my representative in any matters regarding this Petition.

Signature of Property Owner

Signature of Property Owner

Printed Name of Property Owner

Printed Name of Property Owner

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

State of Florida
County of _____

(Seal)

Signature, Notary Public – State of Florida

Printed, Typed, or Stamped Name of Notary