



# City of Parkland Planning and Zoning Department

6600 University Drive  
Parkland, FL 33067

Phone (954) 753-5040  
Fax (954) 341-5161

### STAFF USE ONLY

Intake Date: \_\_\_\_\_ By \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_

Case #: \_\_\_\_\_

Administrative review only (sec.22-204H.)

Full review process (sec. 22-199 J.1)

## VARIANCE APPLICATION

### INSTRUCTIONS TO APPLICANT:

1. Please complete all sections of this application. If not applicable, indicate with N/A
2. Provide required attachments as shown on the attached checklist.
3. Pay filing fees in the amount of seven hundred dollars (\$700.00) for residential property variances, and eight hundred fifty dollars (\$850.00) for multi-family or non-residential property, plus an escrow in the amount of four hundred dollars (\$400.00) for advertisement fees, and one thousand dollars (\$1,000.00) for professional fees. Since advertising costs vary, the final amount will be reconciled upon receipt of invoices from the newspaper. **NOTE:** All cost recovery accounts must be current prior to any public hearing before the City Commission.

### I. PROPERTY OWNER AND AGENT INFORMATION

Property Owner(s) of Record: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Applicant (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Consultants: If applicable to your request, please attach a separate list of all consultants that will provide information on this request. You should include the name, address, telephone number, and fax number as well as the type of professional service provided.

### II. VARIANCE REQUEST

The application is a request for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(VARIANCE REQUEST, CONTINUED)

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**III. PROPERTY LOCATION**

- A. Is the subject property located within one mile of another municipality? [ ] yes [ ] no  
If 'yes' please specify: \_\_\_\_\_
- B. Folio Number: If additional folios, list on a separate sheet and attach to the application.  
\_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Total Acreage of Subject Property: \_\_\_\_\_
- C. Project Name: \_\_\_\_\_
- D. Project Address: \_\_\_\_\_
- E. General Location Description (proximity to closest major intersection in miles or fractions thereof): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. LAND USE AND ZONING INFORMATION**

- A. Zoning Designation: \_\_\_\_\_ Future Land Use Designation: \_\_\_\_\_
- B. Existing Use(s) on Property: \_\_\_\_\_
- C. Proposed Use(s): \_\_\_\_\_

**V. PROJECT HISTORY**

(List in sequence from first application to most recent – attach additional page if necessary):

Petition Number	Request	Action	Date	Resolution Number

**OWNER ACKNOWLEDGEMENT**

I/We: \_\_\_\_\_, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application.

I/We certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of the City of Parkland and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Parkland in order to process this application.

I/We further consent to the City of Parkland to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

**I acknowledge that applications are reviewed on a full cost recovery basis, and that the professional services escrow must be current with sufficient funds to cover anticipated services prior to the application being advertised and heard by the City Commission. By signing this application I request that escrows for separate applications be combined, if applicable, and that any balance of professional services escrow be refunded within seven (7) months after the final public hearing for all related applications.**

Signature(s) of Owner(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

**CONSENT STATEMENT**  
Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to \_\_\_\_\_ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s) \_\_\_\_\_

Print Name(s) \_\_\_\_\_

**NOTARY**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ He/She is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

\_\_\_\_\_  
(Signature of Notary) My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



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### VARIANCE SUBMITTAL CHECKLIST

#### PLEASE CHECK

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. A completed application signed by owner, agent and/or applicant. Agent's authorization or power of attorney must be attached if applicant is other than owner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Required application fees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. One (1) copy of a warranty deed including property control number or folio number and legal description of the property.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. A recent aerial photograph of the site and adjacent properties with a minimum scale of 1" =300'.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Eight (8) copies of a survey (not more than a year old) including any and all easements of record (referenced by OR Book and page, signed and sealed by a surveyor registered in the State of Florida).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Eight (8) copies each of a site plan (no larger than 24" x 36") and reduced site plan (8.5 x 11 folded) in general compliance with the requirements as set forth in the Code of Ordinances. Staff will determine those items necessary for inclusion of the site and development plan submission.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Eight (8) copies of a justification letter for variance, follow criteria from sec. 22-217 of the Code of Ordinance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. A list of all owners within a five hundred (500) foot radius of boundary lines of the subject property from the most recent tax roll information as provided by the Broward Property Appraiser's Office.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Executed affidavit signed by the person responsible for completing the property owner list.



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## VARIANCE PROCESS

