

Property Owner(s)

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

Applicant

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

Agent (if applicable)

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

General Information

Property Location or Address	Tax Parcel Number(s)
Select the type of request below and attach justification and documentation to support the request.	
Florida Building Code: <input type="checkbox"/> Appeal (§109-30.2.1) <input type="checkbox"/> Variance (§109-30.2.2)	Floodplain Management Ordinance: <input type="checkbox"/> Appeal (§105-42.7.2) <input type="checkbox"/> Variance (§105-42.7.3)

Property Owner's Affidavit

I, the undersigned, do hereby certify that this application and all supplemental information provided is a true representation of the facts concerning this request.

I hereby authorize _____ to act on my behalf in representing this petition.
AUTHORIZED AGENT PRINTED NAME

I understand that the filing of this application does not constitute automatic approval. Approval of this application by the Building Board of Adjustment & Appeal (BBAA), if granted, is not the final approval of the project. If the request is approved, I will obtain all necessary permits and comply with all applicable codes and regulations pertaining to the use of the subject property.

 Property Owner's Signature

Sworn to and subscribed before me by _____
 this _____ day of _____, 20_____.

Personally Known OR Produced Identification
 Type of Identification Produced: _____

Notary Signature: _____

Notary Stamp:

FOR OFFICE USE

Application Fee: \$1,500.00

Date Received: _____

Received by: _____

Application No.: _____