

Reasons & Explanations

Explanation of Request, in detail: _____

Explanation of Hardship, if variance is not granted: _____

Impact to contiguous property owners: _____

Required Attachments

- 10 Sets of: Survey of property (a copy of a land survey by a Florida registered land surveyor)
- 10 Sets of: A site plan drawn to scale showing all setbacks, any pertinent information related to the request, exact location of existing and proposed structures, and location map. Must include a North marker.
- Map of properties (a drawing, sketch, plat or tax map) within 300 feet of the property covered in the application. Scale should be at 1" = 200'.
- Copies of all other permits or permit applications, if applicable to request.
- Certificate of Mailing showing letters were sent to property owners within three hundred (300) feet.
- Concurrency Evaluation Application (attached).

OWNER'S AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the **OWNER** of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application, are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before hearings can be advertised. I also understand that it is my obligation to comply with any other lawfully adopted and recorded deed restrictions or covenants that are more restrictive or impose a higher standard, and that any action of this Board does not supersede those requirements.

Printed Name of Owner

Signature of Owner

Address: Number and Street (P.O. Box)

City and State (Zip Code)

STATE OF FLORIDA, HIGHLANDS COUNTY

The Foregoing instrument was acknowledged before me this _____ day of _____, _____ by _____ and _____ who are personally
Name Name

known by me or who has produced _____ and _____,
Document Document

respectively, as identification and who did (did not) take an oath:

Signature

_____, Notary Public
Print Name

State of Florida
My Commission Expires: _____

AGENT'S AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the **ATTORNEY-IN-FACT, AGENT or LESSEE** of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application, are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before hearings can be advertised. I also understand that it is my obligation to comply with any other lawfully adopted and recorded deed restrictions or covenants that are more restrictive or impose a higher standard, and that any action of this Board does not supersede those requirements.

Printed Name of Agent

Signature of Agent

Address: Number and Street (P.O. Box)

City and State (Zip Code)

STATE OF FLORIDA, HIGHLANDS COUNTY

The Foregoing instrument was acknowledged before me this ____ day of _____, _____ by _____ and _____ who are personally
Name Name
known by me or who has produced _____ and _____,
Document Document
respectively, as identification and who did (did not) take an oath:

Signature

_____, Notary Public
Print Name

State of Florida
My Commission Expires: _____

APPLICATION FOR CONCURRENCY EVALUATION
City of Avon Park

This application, together with all required attachments, shall be completed and filed with the Development Director prior to making application for site development plan, subdivision, or building permit approval. A finding of non-deficiency only entitles the owner to apply for development permits pursuant to the time parameters established in Article 6 of the City of Avon Park Land Development Code.

Type or Print the following information.

Owner	Applicant	
Address	Address	
Zip	Zip	
Phone #	Phone #	
<i>PROPERTY DESCRIPTION</i>		
Adjacent Road(s)		
Township	Range	Section
Subdivision Name	Block	Lot/Parcel
Plat Book / Page Number (if applicable)		
<i>PROPOSAL</i>		
<input type="checkbox"/> Site Development Plan <input type="checkbox"/> Subdivision <input type="checkbox"/> Building Permit		
<i>DEVELOPMENT INFORMATION</i>		
Acreage / Lot Dimensions	Zoning District	
<input type="checkbox"/> Residential Development		
Type(s) of Units	Maximum Number of Units	
<input type="checkbox"/> Non-Residential Development		
Specific Use(s)	Floor Area or Acreage*	
<small>* Other measures of intensity may be substituted as appropriate for the proposed use, such as number of students (schools), seating capacity (places of worship and theaters), etc.</small>		

CONCURRENCY EVALUATION WORKSHEET

<i>TRANSPORTATION FACILITIES</i>	
Primary Access Street(s)	
Classification	Current PHT
Current V/C and LOS	Adopted LOS Standard
Required facility improvement scheduled in: <input type="checkbox"/> 5-Year Schedule of Capital Improvements <input type="checkbox"/> FDOT 5-Year Work Program (no later than 3rd year) <input type="checkbox"/> No facility improvement needed	
Potential PHT generated by development	V/C ratio & LOS with development
Further evaluation of traffic impacts needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>POTABLE WATER FACILITIES</i>	
Is proposed development within an existing potable water service area? <input type="checkbox"/> Yes (Capacity Certification attached) Supplier of potable water service _____ <input type="checkbox"/> No	
Are facility expansions or improvements needed to service the development? <input type="checkbox"/> Yes <input type="checkbox"/> Needed facilities included in 5-Year Schedule of Capital Improvements <input type="checkbox"/> Needed facilities will be provided by applicant <input type="checkbox"/> Needed facilities will be provided by other means (explain below) _____ _____	
<input type="checkbox"/> No	
<i>SANITARY SEWER FACILITIES</i>	
Is proposed development within an existing sanitary sewer service area? <input type="checkbox"/> Yes (Capacity Certification attached) Supplier of sanitary sewer service _____ <input type="checkbox"/> No (Attach copy of Septic Tank Permit)	
Are facility expansions or improvements needed to service the development? <input type="checkbox"/> Yes <input type="checkbox"/> Needed facilities included in 5-Year Schedule of Capital Improvements <input type="checkbox"/> Needed facilities will be provided by applicant <input type="checkbox"/> Needed facilities will be provided by other means (explain below) _____ _____	
<input type="checkbox"/> No	
<i>PARKS AND RECREATION FACILITIES (Residential proposals only)</i>	
Potential population of development proposal _____	

Existing Level of Service	Level of Service based on proposal's potential
Additional recreation property/funding required to service development	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AVON PARK
PLANNING & ZONING FEE SCHEDULE**

Comprehensive Plan Amendment or Rezoning*	
Up to 10 acres	\$350.00
10 - 50 acres	450.00
50 acres and up	650.00
Text Amendment	650.00
Special Exception*	250.00
Conditional Use Permits	250.00
Variance (Multi-Family and Commercial)*	250.00
Variance (Single-Family Residential)*	125.00
Site Plan Review	500.00
Plat Review	500.00
Vacating of Right-of-Ways, Property, or Road Closing*	250.00
Concurrency Review	
Subdivision under 26 lots	250.00
27+ lots	500.00
Commercial/Industrial Property	650.00
Appeals of Administrative Decisions	650.00
Documents	
Comprehensive Plan	30.00
Land Development Regulations	30.00
Zoning Map	20.00
Any Document by the Page	0.15

* Base cost. Additional costs for review will be assessed as necessary. The cost of newspaper notice and notice to surrounding property owners will be assessed. All additional costs must be paid prior to final approval.