



**Engineering Services  
Department  
Development Services Division  
Planning~Building~Inspections**

105 Miracle Strip Pkwy. SW  
Fort Walton Beach, FL 32548  
P: (850) 833-9697  
F: (850) 833-9926

**APPLICATION FOR A VARIANCE**

<b>ADDRESS OR GENERAL LOCATION:</b>	
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<b>Applicant (Owner or Agent) NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>EMAIL:</b>	
<b>Property Owner NAME:</b>	
<b>Property Owner ADDRESS:</b>	

<b>In detail, please describe the request. Include the section of the City of Fort Walton Beach Land Development Code you are proposing to vary from.</b>

<b>Zoning District:</b>	<input type="checkbox"/> R-1 <input type="checkbox"/> R-1E <input type="checkbox"/> R-2 <input type="checkbox"/> YC <input type="checkbox"/> MX-1 <input type="checkbox"/> REC <input type="checkbox"/> MX-2 <input type="checkbox"/> MB <input type="checkbox"/> CTP <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> PUD
<b>Future Land Use Map Designation:</b>	<input type="checkbox"/> LDR <input type="checkbox"/> MDR <input type="checkbox"/> MU <input type="checkbox"/> COM <input type="checkbox"/> MBI <input type="checkbox"/> IND <input type="checkbox"/> CIU <input type="checkbox"/> REC <input type="checkbox"/> CNS <input type="checkbox"/> PC

**FINDINGS OF FACT**

**IN ACCORDANCE WITH SECTION 8.02.00 OF THE CITY OF FORT WALTON BEACH LAND DEVELOPMENT CODE, WHICH ESTABLISHES STANDARDS FOR THE GRANTING OF VARIANCES, PLEASE PROVIDE A RESPONSE TO EACH OF THE FOLLOWING CRITERIA.**

1. **Please describe what special conditions and circumstances exist due to the unusual or unique physical shape, configuration, or other physical condition to the development site. These special conditions are not generally applicable to other lands, structures, or building in the same zoning district.**


2. **Briefly explain why the literal interpretation and application of the provisions of the LDC would deprive the property owner of property rights commonly enjoyed by other properties in the same zoning district, resulting in an undue hardship.**


3. **Briefly explain why these special conditions do not result from the actions of the applicant.**


4. **Please explain how the approval of the proposed variance shall not provide to the property any special privilege that is denied to other development sites within the same zoning district.**


5. **Is the proposed variance the minimum variance that results in reasonable use of the land, building, or structure?**


6. **Please describe how the proposed variance is consistent with the goals, objectives, and policies of the City of Fort Walton Beach Comprehensive Plan.**


7. **Please describe how the proposed variance is consistent with the intent and purposes of the City of Fort Walton Beach Land Development Code.**


8. **Please describe how the proposed variance will ensure compatibility of the resulting development with the uses of land and character of the adjacent and surrounding neighborhood.**


9. **Please describe how the proposed variance is not detrimental to the health, safety, or general welfare of the public.**


**OWNER’S CONSENT AND DESIGNATION OF AGENCY**

I, \_\_\_\_\_, the fee simple owner of the following described property (give legal description):


hereby petition to the City of Fort Walton Beach for a “variance” by the City on \_\_\_\_\_ and \_\_\_\_\_ affirm that \_\_\_\_\_ is hereby designated to act as agent on my behalf to accomplish the above.

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand this application; attachments and fees become part of the official records of the City of Fort Walton Beach, Florida, and are not returnable.

\_\_\_\_\_  
(Owner’s Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as Identification and who did take an oath.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

Commission # \_\_\_\_\_.

My commission expires \_\_\_\_\_.

(Notary’s Seal)