

2800 NORTH HORSESHOE DRIVE NAPLES, FLORIDA 34104 (239) 252-2400 FAX: (239) 252-6358

VARIANCE PETITION APPLICATION

Variance from Setbacks Required for a Particular Zoning District

LDC section 9.04.00 & Code of Laws section 2-83 – 2-90

Chapter 3 J. of the Administrative Code

PROJECT NUMBER PROJECT NAME DATE PROCESSED

To be completed by staff

	APPLICANT CONTACT INFO	RMATION	
Name of Property Own	er(s):		
Name of Applicant if di	fferent than owner:		
Address:	City:	State:	ZIP:
Telephone:	Cell:	Fax:	
E-Mail Address:			
Name of Agent:			
Firm:			
Address:	City:	State:	ZIP:
Telephone:	Cell:	Fax:	
E-Mail Address:			

BE AWARE THAT COLLIER COUNTY HAS LOBBYIST REGULATIONS. GUIDE YOURSELF ACCORDINGLY AND ENSURE THAT YOU ARE IN COMPLIANCE WITH THESE REGULATIONS.

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PROPERTY INFORMATION							
Provide a detailed legal description of the property covered by the application: (If space is inadequate, attach on separate page)							
Property	Property I.D. Number: Section/Township/Range:/						
Subdivision:		Unit:	Lot:	Block:			
Metes &	Bounds Description:		Total	Acreage:			
Address	Address/ General Location of Subject Property:						
	ADJACENT ZONIN	G AND LAND USE					
	Zoning		Land Use				
N S							
E W							
Minimum Yard Requirements for Subject Property:							
Front: Corner Lot: Yes No							
Side: _	Side: Waterfront Lot: Yes No						
Rear:							

Chapter 8 of the Administrative Code requires that the applicant must remove their public hearing advertising sign(s) after final action is taken by the Board of County Commissioners. Based on the Board's final action on this item, please remove all public hearing advertising sign(s) immediately.

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ASSOCIATIONS

Complete the following for all registered Association(s) that could be affected by this petition. Provide additional sheets if necessary. Information can be found on the Board of County Commissioner's website at http://www.colliergov.net/Index.aspx?page=774.

Name of Homeowner Association:			
Mailing Address:			
Name of Homeowner Association:			
Mailing Address:	City:	State:	ZIP:
Name of Homeowner Association:			
Mailing Address:			
Name of Homeowner Association:			
Mailing Address:			
Name of Homeowner Association:			
Mailing Address:			

NATURE OF PETITION

On a separate sheet, attached to the application, please provide the following:

- 1. A detailed explanation of the request including what structures are existing and what is proposed; the amount of encroachment proposed using numbers, i.e. reduce front setback from 25 ft. to 18 ft.; when property owner purchased property; when existing principal structure was built (include building permit number(s) if possible); why encroachment is necessary; how existing encroachment came to be; etc.
- 2. For projects authorized under LDC Section 9.04.02, provide a detailed description of site alterations, including any dredging and filling.
- 3. Pursuant to LDC section 9.04.00, staff shall be guided in their recommendation to the Hearing Examiner, and the Hearing Examiner shall be guided in the determination to approve or deny a variance petition by the criteria (a-h) listed below. Please address the following criteria:
 - a) Are there special conditions and circumstances existing which are peculiar to the location, size and characteristics of the land, structure, or building involved.

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- b) 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.
- c) Will a literal interpretation of the provisions of this zoning code work unnecessary and undue hardship on the applicant or create practical difficulties on the applicant.
- d) 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.
- e) 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.
- f) 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.
- g) 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.
- h) Will granting the variance be consistent with the Growth Management Plan?

4.	Official Interpretations or Zointerpretation or zoning verification	J	•	0 ,		an	officia
	Yes No	If yes, please provi	de copies.				

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Pre-Application Meeting and Final Submittal Requirement Checklist for: Variance Chapter 3 J. of the Administrative Code

The following Submittal Requirement Checklist is to be utilized during the Pre-Application Meeting and at time of application submittal. At time of submittal, the checklist is to be completed and submitted with the application packet. Please provide the submittal items in the exact order listed below with cover sheets attached to each section. **Incomplete submittals will not be accepted.**

REQUIREMENTS FOR REVIEW	# OF COPIES	REQUIRED	NOT REQUIRED
Completed Application (download current form from County website)			
Pre-Application Meeting Notes	1		
Project Narrative			
Completed Addressing Checklist	1		
Property Ownership Disclosure Form	1	\boxtimes	
Conceptual Site Plan 24" x 36" and one 8 ½ " x 11" copy			
Survey of property showing the encroachment (measured in feet)	2		
Affidavit of Authorization, signed and notarized	2		
Deeds/Legal's	3		
Location map	1		
Current aerial photographs (available from Property Appraiser) with project boundary and, if vegetated, FLUCFCS Codes with legend included on aerial	5		
Historical Survey or waiver request	1		
Environmental Data Requirements or exemption justification	3		
Once the first set of review comments are posted, provide the assigned planner the Property Owner Advisory Letter and Certification	1		
Electronic copy of all documents and plans *Please advise: The Office of the Hearing Examiner requires all materials to be submitted electronically in PDF format.	1		

ADDITIONAL REQUIREMENTS FOR THE PUBLIC HEARING PROCESS:

- Following the completion of the review process by County review staff, the applicant shall submit all materials electronically to the designated project manager.
- Please contact the project manager to confirm the number of additional copies required.

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Planners: Indicate if the petition needs to be routed to the following reviewers:

Plann	ers: indicate if the petition needs to be routed to t	ne ioi	lowing reviewers:			
	Bayshore/Gateway Triangle Redevelopment: Executive Director		Historical Review			
	City of Naples: Robin Singer, Planning Director		Immokalee Water/Sewer District			
	Conservancy of SWFL: Nichole Ryan		Parks and Recreation: David Berra			
	Emergency Management: Dan Summers; and/or EMS: Artie Bay		School District (Residential Components): Amy Lockheart			
	Other:					
	FEE REQU	IREM	ENTS			
 Residential- \$2,000.00 Non-Residential- \$5,000.00 5th and Subsequent Review- 20% of original fee Estimated Legal Advertising Fee for the Office of the Hearing Examiner: \$1,125.00 After The Fact Zoning/Land Use Petitions: 2x the normal petition fee Listed Species Survey (if EIS is not required): \$1,000.00 Fire Code Plans Review Fees are collected at the time of application submission and those fees are set forth by the Authority having jurisdiction. The Land Development Code requires Neighborhood Notification mailers for Applications headed to hearing, and this fee is collected prior to hearing. 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.					
All che	All checks payable to: Board of County Commissioners.					
The completed application, all required submittal materials, and the permit fee shall be submitted to:						
Applic	ant Signature		Date			
Printe	d Name					

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