



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
BUILDING & CODE REGULATIONS DIVISION
2300 Virginia Ave
Fort Pierce, FL 34982
772-462-1553

Application for a Administrative Variance from the Provisions of the St. Lucie County Land Development Code

Please complete the requested information below and submit all items to the St. Lucie County Code Compliance Division at the address listed above. The proper non-refundable application fee must accompany all applications or they will not be accepted for processing. For assistance in submitting the petition, please contact Zoning at 772-462-5296.

Applicant's Information

1. Name: _____

2. Address: _____

Phone Number: _____ Fax Number: _____

3. Location of Property Proposed for a Variance: _____

4. Property Tax Identification Number (s): (attach extra sheets if necessary)

5. I (we) do hereby petition the St. Lucie County Board Building Code Administrator for the following variance from the St. Lucie County Land Development Code. (State the variance # of ft)

6. What is the purpose of the proposed variance

7. State reasons why this variance will not be injurious to other property and/or improvements in the neighborhood in which the subject property is located.

8. Please attach a diagram of the property showing the dimensions of the lot and all other dimensions necessary to understand this application.

For Office Use Only:
Zoning _____ Future Land Use _____

Special Notice

(Please read before signing acknowledgments below)

Submission of this application does not constitute the granting of a Variance. All appropriate requirements must be met prior to this project being presented for approval to the appropriate authority. St. Lucie County reserves the right to request additional information when necessary for a complete review of this Variance application.

Acknowledgments

Applicant Information (Property Developer):

Name: _____

Address: _____

Phone: _____

Agent Information:

Name: _____

Address: _____

Phone: _____

Property Owner Information:

This application will not be considered complete without the notarized signature(s) of all property owner(s) of record which shall serve as an acknowledgment of the submission of this application for a Variance. The property owner(s) signature(s) below shall also serve as authorization for the above applicant or agent to act on behalf of said property owner.

Property Owner Signature

Mailing address: _____

Phone: _____

Print Property Owner's Name & Address

State of Florida
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____,
by _____, who is personally known _____ to me or who has produced
_____ as identification.

Signature of Notary

Type or Print Name of Notary

Title: Notary Public

Commission Number _____

(Seal)