



**CITY OF MARATHON PLANNING DEPARTMENT**

9805 Overseas Highway, Marathon, Florida 33050

Phone (305) 743-0033 FAX (305) 743-3667

**VARIANCE APPLICATION**

Fee: \$1000.00

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**APPLICANT NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

**AGENT NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

\*Property owner must submit a notarized letter authorizing the agent to act on his/her behalf.

**PROPERTY OWNER NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:**

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Key: \_\_\_\_\_ Mile Marker: \_\_\_\_\_

*If in metes and bounds, attach a legal description on separate sheet.*

Real Estate Number(s): \_\_\_\_\_

**PROPERTY DESCRIPTION:**

Street Address of Property (if applicable), or General Location Description: \_\_\_\_\_

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Land Use District: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Size of the Property: \_\_\_\_\_

**VARIANCE REQUEST:** (use additional paper if necessary)

Describe the variance request and exactly what the variance would allow you to do: \_\_\_\_\_

Have you applied for a variance on this property in the past? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Circumstances of previous application: \_\_\_\_\_

**VARIANCE CONDITIONS:** When answering the following questions, consider the limitations described on page four of this application. Please use additional paper if necessary.

A. Describe all special circumstances why the variance should be granted? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. What exceptional or undue hardship would occur if the variance were not granted? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. If the variance were granted, would there be any detriment to the public good, substantially impair affected natural resources or impair the intent and purpose of the LDRs or any applicable policies that would not otherwise occur? \_\_\_\_\_

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D. Would granting the variance confer upon the applicant any special privilege denied by the County's Land Development Regulations to other properties in the same Land Use District? \_\_\_\_\_

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E. What conditions of use or activity apply to the property subject to the variance which are not otherwise expressly authorized by the regulation governing the parcel of property \_\_\_\_\_

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**Please continue on a separate sheet of paper if necessary.**

**CONSIDERATION of REVELANT FACTORS:**

The Planning Commission and the Planning Director, in determining whether the foregoing conditions for a variance are met, shall only consider the following factors as relevant:

- a) Physical characteristics of the proposed construction for which a variance is requested;
- b) Whether the use of the property is dependant upon granting the variance;
- c) Whether granting the variance increases or decreases the danger to life and property;
- d) The importance to the community of the services to be provided if the proposed variance is granted;
- e) The compatibility of the proposed variance to the surrounding properties.
- f) The ability to safely access the property for regular and emergency vehicles if the variance is not granted
- g) The costs of providing governmental services if the variance is not granted.

The Planning Commission and the Planning Director shall not consider the following factors in determining if the foregoing conditions are met:

- a. The physical disabilities or handicaps and health of the applicant or member of his family;
- b. The domestic or financial difficulties of the applicant or his family.

**I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.**

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

State of Florida Notary Public

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

**Seal:**

\_\_\_\_\_  
Notary Public Signature  
My Commission Expires: \_\_\_\_\_

## SUPPORTING DOCUMENTS

All applicable items must be submitted with the application to be considered complete. Incomplete applications will be returned.

\_\_\_\_\_ PROOF OF OWNERSHIP: deed, lease or pending sale contract.

\_\_\_\_\_ LOCATION MAP

\_\_\_\_\_ PHOTOGRAPHS of site looking North, South, East, and West from the perimeters of the property and from the main adjacent road and a recent aerial photograph with the property boundaries delineated

\_\_\_\_\_ SEALED AND SIGNED SURVEY (5 copies) by a Florida registered surveyor.

\_\_\_\_\_ SITE PLAN (5 copies) showing all proposed and existing structures, improvements, parking facilities, etc. with all dimensions to scale. Indicate on the site plan any proposed structures with previously approved variances and the location of the property entrance

\_\_\_\_\_ A TYPEWRITTEN LIST of the names and mailing addresses of all Property Owners within 100 feet (if request is for administrative deviation less than 25 %), and within 300 feet from the borders of the project( if request is for more than 26 %) obtained from the Monroe County Property Appraiser (305-289-2550). Indicate lot, block, subdivision name and the Real Estate numbers for each address. The Applicant must follow procedures for mailed notices as provided in Section 102.08 of the City of Marathon's Land Development Regulations.