ADMINISTRATIVE VARIANCE PETITION

Fee:

$1,400 application fee made **payable to the City of Weston.**

Link to Apply:
https://www.westonfl.org/government/planning-and-zoning/application-process

Submittal:

- Refer to *§124.80(F) - Administrative Variance* in the City of Weston Code of Ordinances at https://codelibrary.amlegal.com/codes/weston/latest/weston_fl/0-0-0-5753.

Submission Materials:

1. **Application**
   a. Petition for Administrative Variance
   b. Applicant Representative Affidavit
   c. Cost Recovery Affidavit
2. **Project Narrative** detailing the proposed scope of work
3. **Survey**
4. **Location Map**

Further information may be requested: You will be notified of any additional requirements by email via the email address that you provide.

CITY OF WESTON, PLANNING AND ZONING DEPARTMENT
C/O CALVIN, GIORDANO & ASSOCIATES, INC.
1800 ELLER DRIVE, SUITE 600
FORT LAUDERDALE, FLORIDA 33316

ADMINISTRATIVE VARIANCE PETITION

PURSUANT TO CODE OF ORDINANCES §124.80(F)

The undersigned presents its Petition to the City Commission of the City of Weston, Florida for a Administrative Variance Petition under the Zoning Regulations of the City of Weston as follows:

Section No._____ Zoning District_____

Lot No._____ Block No._____ Subdivision_____

Address_____

1. Name of Petitioner_____ Petitioner's Email _____
2. Petitioner's Interest (Owner, Lessee, etc.)_____
3. Project Name_____
4. Has a previous petition been filed on this property?_____ If yes, give date of hearing and finding_____

   _____
5. Existing Land Use_____ Existing Zoning_____

   Current Use of Site_____
6. Submit the necessary documentation described in §124.80(F) to support a petition for administrative variance.

   _____
7. Submit consent of contiguous property owners and notice to associations as described in §124.80(F)(5) to support a petition for administrative variance.

   _____

Issuance of a development permit by a municipality does not in any way create any right on the part of an applicant to obtain a permit from a state or federal agency and does not create any liability on the part of the municipality for issuance of the permit if the applicant fails to obtain requisite approvals or fulfill the obligations imposed by a state or federal agency or undertakes actions that result in a violation of state or federal law.

I/we certify on _____ day of_____, 20___, that the property is not subject to a pending code violation.

_____	_____
Petitioner's Signature	*Owner's Signature (required)*
_____	_____
Print Petitioner's Name	*Print Owner's Name*
_____	_____
Address	*Address*
_____	_____
City, State, Zip	*City, State, Zip*
*Phone*_____	*Phone*_____
*Email*_____	Email _____

DEPARTMENT USE ONLY

Date Received_____	Fee Paid_____
Agenda_____	Receipt No._____

Variance Criteria and Response:

124.80(F)(3)(a). The administrative variance will meet the purpose and intent of the underlying zoning district.

124.80(F)(3)(b). The request is consistent with the City of Weston Comprehensive Plan.

Response:

124.80(F)(3)(c). The adjustment will be consistent with the general appearance and character of the neighborhood and community.

Response:

124.80(F)(3)(d). The adjustment will not be injurious to the adjacent properties and general area involved, or otherwise detrimental to the public welfare.

Response:

124.80(F)(3)(e). The property has no open Code violations or unpaid Code enforcement fines, except when the granting of a variance is for the purpose of curing or assisting in the cure of a Code violation.

Response:

APPLICANT REPRESENTATIVE AFFIDAVIT

(MUST BE COMPLETED BY PROPERTY OWNER
AND EACH APPLICANT REPRESENTATIVE)

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared the affiant who, upon first being duly sworn, deposes and says:

(FOR INDIVIDUAL APPLICANTS)

1(a). I am the owner of the property described below, and have submitted the following application to the City of Weston:

Name of Applicant _____

Application for: ❑ Land Use Plan Amendment ❑ Rezoning ❑ Special Exception ❑ Zoning Variance
❑ Site Plan Approval ❑ Site Plan Amendment ❑ Plat Approval ❑ Plat Amendment
❑ Text Amendment

Property Location _____

(FOR ENTITY APPLICANTS)

1(b). I am the _____ *(position)* of_____ *(name of entity "Applicant")* that owns the property described below, and has submitted an application to the City of Weston, and I have the authority to file this affidavit and to bind the Applicant.

Name of Applicant _____

Application for: ❑ Land Use Plan Amendment ❑ Rezoning ❑ Special Exception ❑ Zoning Variance
❑ Site Plan Approval ❑ Site Plan Amendment ❑ Plat Approval ❑ Plat Amendment
❑ Text Amendment

Property Location _____

2. The Applicant acknowledges that Section 125.04(C)(1) of the Land Development Code of the City of Weston requires that any applicant for a development permit must disclose "all persons representing the individual or entity applying for the development permit in connection with the application, including, but not limited to, all attorneys, architects, landscape architects, engineers and lobbyists."

3. The Applicant acknowledges that Section 125.04(C)(2) of the Land Development Code of the City of Weston requires that the Applicant, the property owner, and any person representing the Applicant must disclose "whether it has any Business Relationships with any member of the City Commission or any City Advisory Board, and, if so, disclose the identity of the member with which it has a Business Relationship and the nature of the Business Relationship." *Business Relationship is defined as:*

Business Relationship: a member of the City Commission or a City Advisory Board has a business relationship with a person or an entity if any of the following exist:

a) the member of the City Commission or City Advisory Board has any ownership interest, directly or indirectly, in excess of 1% in the entity; or

b) the member of the City Commission or City Advisory Board is a partner, co-shareholder or joint venturer with the person in any business venture;

c) the entity or person is a client of the member of the City Commission or City Advisory Board, or a client of another professional working from the same office and for the same employer as the member of the City Commission or City Advisory Board;

d) the member of the City Commission or City Advisory Board is a client of the entity or the person;

e) the entity or person is a customer of the member of the City Commission or City Advisory Board (or his/her employer) and transacts more than 5% of the business in a given calendar year of the member of the City Commission or City Advisory Board (or his/her employer) or more than $25,000 of business in a given calendar year; or

f) the member of the City Commission or City Advisory Board is a customer of the entity or the person and transacts more than 5% of the business in a given calendar year of the entity or person or more than $25,000 of business in a given calendar year.

The following is a complete list of the Applicant, the property owner and all persons that will represent the Applicant in connection with the application including, but not limited to, all attorneys, architects, landscape architects, engineers, lobbyists, tenants and/or contract purchasers:

	Name (print)	*Business Relationship*		*Signature*
		*Yes**	*No*	
a)	_____	❑	❑	_____
b)	_____	❑	❑	_____
c)	_____	❑	❑	_____
d)	_____	❑	❑	_____
e)	_____	❑	❑	_____
f)	_____	❑	❑	_____
g)	_____	❑	❑	_____

***** *If yes, then identified person shall fill out a Business Relationship Affidavit*

4. The Applicant agrees that he/she/it will be bound by any statements, representations and promises made in connection with the Application by any of the individuals identified above.

5. The Applicant acknowledges that Section 125.04(C)(3) of the Land Development Code requires this information to be updated "If, at any time prior to City Commission consideration of an application for a development permit, the information contained in any Applicant Representative Affidavit or Business Relationship Affidavit becomes incorrect or incomplete, the person or entity submitting the affidavit must supplement the affidavit and, if the supplementation requires the submission of additional Applicant Representative Affidavits or Business Relationship Affidavits, ensure that such affidavits are also filed." The Applicant further understands that "If any supplementary affidavits are submitted less than fourteen days before the application is scheduled for consideration by the City Commission or any City Advisory Board, the application may be withdrawn by the City Manager, or his designee, and placed on a subsequent agenda."

Further the affiant sayeth naught.

_____
(Signature of Applicant)

_____
(Print Name)

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20___, by _____. (Name of person making statement)
Personally known to me ☐ or has produced Identification ☐, type of identification produced_____.

_____
SIGNATURE OF NOTARY PUBLIC

(NOTARY SEAL HERE)

_____
PRINT, TYPE/STAMP NAME OF NOTARY

COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of all applicable costs involved as part of my application process. Section 43.03 of the City Code of Ordinances (attached) requires that the City's costs of administrative and outside fee consultant review and processing of requests, as required or necessitated now or in the future by the City's ordinances, resolutions, policies, or procedures, shall be borne by the person initiating the review request. These costs include, but are not limited to, the various costs relating to the City's administrative and outside fee consultant processing and review of applications, submissions, or requests concerning development, utilization, or improvement of real estate in the City.

Please type or print the following:

Date: _____

Relationship to the project: (property owner, architect, developer, attorney)

_____

Full Name: Mr. /Mrs. /Ms. _____

Current Address:_____City: _____

State:_____ Zip:_____ Telephone Number: _____

Email: _____

I am fully authorized to commit to the expenditures contemplated by this Cost Recovery Affidavit.

_____

Signature

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20___, by _____ as _____
(Name of person acknowledging) *(Title)*
for _____.
(Company name)

Personally known to me ☐ or has produced Identification ☐, type of identification produced_____.

(NOTARY SEAL HERE)

_____
SIGNATURE OF NOTARY PUBLIC

_____
PRINT, TYPE/STAMP NAME OF NOTARY