



Department of Planning, Development and Community Improvement  
23666 NW 185<sup>th</sup> Road, High Springs FL 32643  
Phone: 386-454-7322  
Fax: 386-454-2126

**APPLICATION FOR VARIANCE**

Permit No: \_\_\_\_\_ Application Fee \$500.00 (Must submit fee with the application)

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_

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

Owners Name: \_\_\_\_\_ (If different from applicant attach letter of authorization)

Property Tax ID: \_\_\_\_\_

Legal Description of the property with current survey or site plan:

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

Please state the nature of the request, specify the conditions that require a variance, and what specific section of the High Springs Land Development code you require relief from.

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

**Disclaimer:**

Variances are a request to relieve the applicant of certain requirements of the High Springs Land Development Code (LDC). The City of High Springs considers each request for variance individually, and completely. This application does not grant the applicant any rights or privileges to violate the LDC, and only a ruling by the High Springs Plan Board can grant you any relief. This application must meet the criteria set forth in Article XII of the High Springs Land Development Code.

**I HEREBY CERTIFY** that I am the simple owner of record of the above described property (or have attached my authority) to apply for this permit.

\_\_\_\_\_  
Applicant Signature Printed Name of Applicant

NOTE: Building and/or other permits may be required before proceeding with project. The variance approval expires within one year of approval date. If work is discontinued for a six-month period or longer the project will be considered abandoned.

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**STAFF USE ONLY:**                      DATE:                      APPROVED:                      NOT APPROVED:

PLANNING BOARD CHAIRMAN:

ZONING ADMINISTRATOR: