



City of Ormond Beach Variance Application - Non-Conforming Criteria

Planning Department

22 South Beach Street, Room 104, Ormond Beach, FL 32174

(386) 676-3238

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INSTRUCTIONS

Variance applications are reviewed and acted upon by the Board of Adjustment and Appeals. The Board considers the criteria responses by the applicant, Planning staff's analysis as well as any written and/or verbal testimony provided by citizens or surrounding property owners. Applicants should perform a pre-application meeting prior to submitting an application. **Assistance is available by e-mailing comdev@ormondbeach.org or calling (386) 676-3238.**

PROPERTY INFORMATION

Project Name:	
Project Address:	
Volusia County parcel number(s):	

VARIANCE REQUEST

Description of variance:								
Variance 1:	Code section:		Required setback:		Requested setback:		Requested variance:	
Variance 2:	Code section:		Required setback:		Requested setback:		Requested variance:	
Variance 3:	Code section:		Required setback:		Requested setback:		Requested variance:	

APPLICANT INFORMATION (provide an authorization letter if not the property owner)

Name:	
Address:	
City, State, Zip code:	
Telephone:	
E-mail:	

PROPERTY OWNER	
Same as applicant	
Name:	
Address:	
City, State, Zip code:	
Telephone:	
E-mail:	

NON-CONFORMING CRITERIA	
<p>Section 1-16(D)(4) of the Land Development Code allows the expansion if the nonconforming portion of a structure. The Board of Adjustment and Appeals shall use the following standards in reviewing requests for expansion of nonconforming structures. Additional pages, photographs, surveys, plot plans, or other materials may be attached as exhibits.</p>	
<p>Review and determine that "The property where the structure is located meets the</p>	
<p>a. minimum lot area standards for the zoning district, as specified in chapter 2, article II of this LDC.";</p>	
<p>b. Detail and explain how or why "There are no other ways of altering the structure that will not result in increasing the nonconforming cubic content of the structure.";</p>	
<p>c. Detail and explain why "The proposed expansion will be consistent with the use of the structure and surrounding structures, given that the use is permitted by right, conditional use or special exception in the zoning district within which the structure is located.";</p>	

NON-CONFORMING CRITERIA

d. Detail that "The proposed expansion effectively squares off an existing building, or does not extend beyond the furthest point of an adjacent building on the site.";

e. Detail and explain that "The proposed expansion is in scale with adjacent buildings."; and

f. Detail and explain why "The proposed expansion will not impact adjacent properties by limiting views or increasing light and/or noise."

ABUTTING PROPERTY OWNERS

Please provide abutting property owners signatures or provide letters indicating their position toward the variance request.

Signature	Street Address	For	Against

FEE REQUIREMENT

Check type	Type of Application	Application fee	Advertising fee	Total fee
	Variance	\$350	\$425	\$775
	After the fact variance	\$700	\$425	\$1,125

KEY SUBMITTAL REQUIREMENTS

1.	Completed application.	
2.	Required fee.	
3.	Proof of ownership.	
4.	Letter of authorization, if the applicant is not the property owner.	
5.	Property survey.	
6.	Plot plan showing the variance request (exact dimensions required).	
7.	Statement/letters of no objections from abutting property owners.	
8.	See BOAA calendar for submittal deadline and action dates.	
9.	Approved variances have a 30 day appeal period prior to permit issuance.	

CERTIFICATION

By submitting this application, I hereby certify that the information provided is true and correct to the best of my knowledge and that I am aware of the application submittal requirements and the review process for this application. I authorize Ormond Beach staff to access the subject property during typical business hours to review the variance application.

Signature: _____

STATE OF FLORIDA

COUNTY OF _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ as _____ (title*) for _____ (name of corporation*), who () provided _____ as identification, or () who is personally known to me.

 Notary Public, State of Florida
 My Commission Expires:

* If you are executing this document on behalf of a corporation please complete the spaces with your title and the name of your company as indicated.