



**WAKULLA COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

3093 Crawfordville Highway • Crawfordville, FL 32327 • 850/926-3695
Fax – 850/926-1528 • email: wakullaplanning@mywakulla.com

REQUEST FOR VARIANCE

Please read carefully. This is the only form accepted for application.

V #: _____

Owner Name: _____ Owner Name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____

Agent Name: _____
Address: _____
Telephone: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____
H. S. LOT: _____ MAP PAGE: _____ PARCEL #: _____

Parcel ID Number: _____

SUBDIVISION: _____ BLOCK: _____ LOT: _____ ACREAGE: _____
Current Comprehensive Plan Designation: _____ Current Atlas Zoning: _____
NFIP#: 120315- _____ FLOOD ZONE: _____ B.F.E.: _____
Nature of Variance: _____

Statement of hardship imposed by these regulations if no Variance is granted: _____

Reason for Request: _____

Address and Physical Location of Property: _____

The following items are required at the time of application:

- Completed Application
- Deed and Legal Description
- Fees
- Survey or Sketch indicating setback lines and location of proposed construction

Other items may also be required by the Community Development Department.

Please attach adjacent and abutting landowners names and addresses.

_____	_____	_____	_____
Signature (Owner)	Date	Signature (Agent)	Date

Fee Paid: _____ \$160.00 (Minor Variance, 20% or less) Receipt #: _____
 _____ \$435.00 (Major Variance, 20% to 35%) Date: _____

Received by: _____

Variance reviewed and Approved _____ on _____ by _____
Denied _____