



Community Development Department – Planning Division
1601 NW 136 Avenue, Sunrise, FL 33323 P: 954.746.3270 F: 954.746.3287

CHECKLIST FOR VARIANCE APPLICATION

PLEASE NOTE:

YOU ARE REQUIRED TO HAVE A PRE-APPLICATION MEETING PRIOR TO SUBMITTAL. CALL COMMUNITY DEVELOPMENT AT (954) 746-3286 TO SCHEDULE AN APPOINTMENT. SUBMITTALS ARE NOT ALLOWED ON THE SAME DAY AS THE PRE-APPLICATION MEETING. APPLICATION FEES, EXCLUDING NOTIFICATION FEES, MUST BE PAID IN FULL AT TIME OF SUBMITTAL.

Items required for submittal:

1. Application for Variance form (1 original and 11 copies) executed by owner.
2. Check or money order made payable to the City of Sunrise, in the amount indicated by the CITY OF SUNRISE FEE SCHEDULE, [FEE SCHEDULE](#)
3. Check or money order made payable to the City of Sunrise for \$1,000.00 for consultant review. (If necessary)
4. Twelve (12), copies of a signed and sealed survey, not more than one year old from date of first submittal that accurately depicts all on-site improvements and existing structures including existing natural features such as topography, vegetation, water bodies and any existing structures and paved areas. Location of all easements and dedicated rights of way with O.R. Books and Page numbers provided.
5. Letter from the applicant describing the request and, if the applicant is not the property owner, a notarized letter from the property owner consenting to the request (1 original and 11 copies).
6. Twelve (12), copies of a letter by the applicant relative to the reasons for a variance request. Applicant must address all seven (7) criteria of Section 16-48(d)(1)a of the Land Development Code.

The applicant shall demonstrate conformance with the following criteria:

1. That special conditions and circumstances exist affecting the land, structure or building involved preventing the reasonable use of said land, structure or building.
2. That the circumstances which cause the hardship are peculiar to the property, or to such a small number of properties that they clearly constitute marked exceptions to other properties in the district.

3. That the literal interpretation of the provisions of this chapter would deprive the applicant of a substantial property right that is enjoyed by other property owners in the district. (It is of no importance whatever that the denial of the variance might deny to the property owner some opportunity to use the property in a more profitable way, or to sell it at a greater profit than is possible under the terms of this chapter).
 4. That the hardship is not self-created or the result of mere disregard for, or ignorance of, the provisions of this chapter.
 5. That the variance is the minimum variance that will make possible the reasonable use of the property, and that the variance will be in harmony with the general purposes and intent of this chapter and will not be injurious to the neighborhood, or otherwise detrimental to the public welfare.
 6. That granting the variance requested will not be detrimental to adjacent property or adversely affect the public welfare. No nonconforming use of neighboring lands, structures or buildings in the same district, and no permitted use of land, structures or buildings in other districts shall be grounds for the issuance of a variance.
 7. Under no circumstances shall the board of adjustment recommend a variance to permit use not generally permitted in the district involved, or any use expressly or by implication prohibited by the terms of this chapter in said district.
7. Twelve (12), copies of any other information pertinent to the Variance request. (Site Plan for example)

Items required for re-submittal:

1. When submitting revisions, the applicant is required to provide a list of responses to all Staff comments. This list must be attached to the front of all submitted sets of plans.
2. The applicant must submit new plans. If page numbers have been changed or added, this must be noted in the list of responses.



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APPLICATION FOR VARIANCE

1. Name of Development _____
Name of Applicant _____
Company Name _____
Address _____
Telephone No _____ Fax No: _____
Email Address _____

| |
|---|
| Contact Person/Agent _____ |
| Company Name _____ |
| Address _____ |
| Telephone No. _____ Cell No. _____ Fax No. _____ |
| Email Address _____ |
| (IF AGENT, SUBMIT LETTER OF AUTHORIZATION) |

2. Name of Property Owner _____
Company Name: _____
Address: _____
Telephone No: _____ Fax No: _____
Email Address _____

3. Legal description of property covered by this application:

4. Address or location of subject property:

5. Folio Number _____

Current Zoning _____

6. Size of Property: Overall Acres of Site _____ Sq. Ft. of use _____

7. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property. _____

8. Is there an option to purchase or lease subject property or property contiguous thereto, predicated on the approval of this application? Yes___ No___ If yes, who are the affected parties?

For Office Use Only:

Staff Reviewer _____

- Application (1 original, 11 copies)
- Fee _____ Technology Fee _____
- Cost Recovery Deposit
- Survey (12)
- Applicant Request Letter (1 original, 11 copies)
- Property Owner Consent Letter (1 original, 11 copies)
- Additional Information Requested by Staff (12) _____

DISCLOSURE OF OWNERSHIP AFFIDAVIT

All owners must separately complete this affidavit and list their name, business address and percentage of ownership of any owner of the real property that is the subject matter of this application. All parties who have a financial interest, either directly or indirectly, in the subject real property, including but not limited to, all shareholders, beneficiaries to a trust, partners to any partnership agreement, and members of an investment group involving local participation must provide a separate affidavit.

The undersigned hereby represents that he/she is an owner of the subject property and that the names, addresses, and ownership percentages of each owner are set forth below:

Property Owner Name, Business Address and Ownership Percentage

Property Address/Legal Description

Signature

Print Name

State of _____,

County of _____:

Sworn and subscribed to before me, a Notary Public, by _____, this _____ day of _____ 20____, who is either personally known to me or who has produced _____ as identification.

My Commission Expires: _____

Notary Public for the State of _____

Print Name: _____