



**Department of Economic and Development Services**

**Planning & Zoning Division**

P.O. Box 1366, Green Cove Springs, FL 32043

Phone: (904) 284-6300

[www.claycountygov.com](http://www.claycountygov.com)



**BOARD OF ADJUSTMENT APPLICATION**

Owner's Name:		
Owner's Address:		
City:	State:	Zip Code:
Phone:	Email:	
<b>Parcel Information</b>		
Parcel ID #:	<input type="checkbox"/> Check here if Address is Same as Owner's	
Parcel Address:		
<b>Authorized Agent Information (If Applicable)</b>		
Agent's Name:		
Agent's Address:		
City:	State:	Zip Code:
Phone:	Email:	
<input type="checkbox"/> Check here that the Owner's Agent Authorization Form has been Completed & will be filed with this Application		
<b>Nature of the Variance / Appeal Request</b>		
Please describe the request or appeal. Include the Section of the Code from which a variance is requested.		

**County Manager: Howard Wanamaker**

**District 1**

**Mike Cella**

**District 2**

**Alexandra Compere**

**District 3**

**Jim Renninger**

**District 4**

**Betsy Condon**

**District 5**

**Dr. Kristen Burke**

**Required Attachments**

I have provided the required attachments:  Property Deed with Legal Description  Survey  
 Agent Authorization if applicable

**Applicant Certification**

I, hereby, certify that I am the Owner(s) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to, and made a part of this application, are accurate and true to the best of my knowledge and belief. Furthermore, if the package is found inconsistent with the above requirements, I understand that the application will be returned for correct information. I hereby acknowledge that the variance requested is my choice and have reviewed and agreed to all conditions listed in this application and the requirements in Article XII (12-10) of the Clay County Land Development Code. I also understand that the fees paid are non-refundable. For public notification, I acknowledge that the required SIGN(S) must be posted on the property by the Owner or Agent twenty-one (21) days in advance of the date of the public hearing. **The sign(s) may be removed only after final action of the Board of Adjustment and Appeals and must be removed within ten (10) days of such action.** I must also pay for the required public notice stating the nature of the proposed request which is required to be published in an approved newspaper **AT LEAST FIFTEEN (15) DAYS IN ADVANCE OF THE PUBLIC HEARING.** Advertising costs are payable by the applicant directly to the newspaper. Proof of publication is required prior to the public hearing.

Owner Signature:	Date:	Print Name:
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**Official Use**

Zoning:	Land Use:	Application # BOA:
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BOA Meeting Date:	Fees:	<input type="checkbox"/> Residential (\$300.00)	<input type="checkbox"/> Non-Residential (\$500.00)
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# of Signs \_\_\_\_\_ x \$30.00 Per Sign = \$ \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Application Accepted By:	Date:
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This area is reserved for future use.