



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



Administrative Waiver Application

Applicant Parcel Information

Property Owners Name:

Owners Phone:

Owners Email:

Parcel Identification Number (PIN):

Property Address:

Request for Waiver

Please detail the nature of your request:

Required Items

Survey Showing Error or Tree Conflict

Fee \$150.00 Residential \$200.00 Commercial

Ownership Affidavit

Application Acknowledgement

I hereby affirm that I am requesting an administrative waiver for a setback reduction for tree placement or an error in placement of a structure as defined in Section 20.3-7(4)(i) or (ii) of the Clay County Code. I understand that Clay County may or may not grant the administrative waiver and that I will not be reimbursed the required fee if the administrative waiver is not granted.

Signature

Date

Print Name

Official Use

Ap Number:

OT Number:

Zoning:

Approved

Denied

Accepted By:

Date:

PROPERTY OWNERSHIP AFFIDAVIT

Date:

Clay County Board of County Commissioners

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366

Green Cove Springs, FL 32043

Re: Certification of Ownership

To Whom it May Concern:

I, _____ hereby certify and affirm that I am the Owner of the property described in the address and parcel number noted in the application for _____

Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner:

Date:

Printed Name of Owner:

Sworn to and subscribed before me this _____ day of _____ A.D. 20 _____

Personally, known _____ or produced identification.

Type of identification produced _____ and number (#): _____

Signature of Notary

Date:

