

**APPLICATION TO THE BOARD OF COUNTY COMMISSIONERS FOR WAIVER
PASCO COUNTY, FLORIDA**

APPLICATION NO. _____

The undersigned owner(s) of the following legally described property have formally requested consideration of a waiver in accordance with provisions of Florida Statutes and of the Pasco County Land Development Code. If approved, this application shall only authorize the particular waiver described.

It shall be the responsibility of the petitioner, or her/his legal agent of record, to provide all information required below or any other information which is reasonable and relevant to the formulation of a recommendation to the waiver being considered. **No application for review shall be deemed complete until all required information is provided.**

1. Name of Applicant: _____

2. Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone Number: Home _____ Business _____

3. Parcel Description:

Parcel ID No.: _____

Subdivision Name (if applicable): _____

Section _____, Township _____ South, Range _____ East, Block _____, Lot _____

4. Present Zoning District: _____

5. Existing Use: _____

6. Detailed description of proposed waiver, proposed use, specific circumstances which necessitate the waiver, and specific sections of the code which are affected (if additional space is needed, attach extra pages to the application): _____

7. Date Property Purchased: _____. If purchased less than one year ago, previous owner's name: _____

8. Two signed and sealed legal descriptions and sketches, including wetland (if any) delineation (by a registered surveyor), to be supplied at time of application.

9. Copy of Warranty Deed _____

10. Copy of Last Year's Tax Bill _____

11. Notarized Agent of Record (if applicable) _____

12. **Application Fee: \$600.00 plus
Technology Fee: \$25.00**

Date: _____

OWNER'S/REPRESENTATIVE'S SIGNATURE

OWNER'S/REPRESENTATIVE'S NAME (PRINT)

REPRESENTATIVE'S ADDRESS

REPRESENTATIVE'S CITY, STATE, ZIP CODE

ACCEPTED BY:

REPRESENTATIVE'S TELEPHONE NUMBER

****ANY REQUEST FOR A CONTINUANCE MUST BE RECEIVED BY THIS OFFICE, IN WRITING, A MINIMUM OF FIVE CALENDAR DAYS PRIOR TO ANY MEETING.****