



**SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION**  
**1101 EAST FIRST STREET, SANFORD, FLORIDA 32771**  
**(407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV**  
*www.seminolecountyfl.gov*

## VARIANCE

### **PROCESS**

Upon receipt of your completed application, your variance will be assigned to a Project Manager. Once the Project Manager has completed the review, they will prepare your variance request to go before the Board of Adjustment. Approximately 3 weeks prior to your scheduled meeting date, you will be contacted by the Board of Adjustment Clerk to pick up your placard(s) in our office. You will be required to post the placard(s) to your property in compliance with our Land Development Code regulations no later than 15 days prior to the scheduled meeting and provide a notarized affidavit verifying your compliance. The meeting will be held in the Board Chambers on the first floor of the County Services Building outside of the Building Department doors at 6 p.m. on the day of your meeting.

If you would like to get an idea of how the meeting is conducted, please feel free to view our prior meeting videos on our website above.

### **ADMINISTRATIVE VARIANCE**

The Planning Manager shall have the power to grant an application for a setback variance in residential zoning classifications when the variance requested is equal to or less than 10% of the setback requirement. Only 1 variance may be granted under this procedure. If the Planning Manager denies it, the denial may be appealed to the Board of Adjustment in accordance with the provisions of Section 30.3.3.2(a) of the Seminole County Land Development Code.

### **REQUIRED ATTACHMENTS**

- Application
- Application fee
- Variance criteria questionnaire
- Ownership Disclosure form (additional documentation is required if the owner is a trust or corporation)
- Owner Authorization form (if any party to the application is not the owner)
- Detailed conceptual site plan (see attached sample site plan – please do not use the numbers to correspond to your own)
- Letters of support from adjacent property owners, if any
- Homeowners Association (HOA) decision letter, if any
- Photographs, if any

### **DELIVERY METHODS**

Completed forms and all the above required attachments may be sent via:

- **E-mail:** [plandesk@seminolecountyfl.gov](mailto:plandesk@seminolecountyfl.gov)
- **Hand delivery:** Seminole County Planning & Development Division, West Wing, Second Floor, Room 2028, 1101 East First Street, Sanford, Florida 32771
- **Mail:** Seminole County Planning & Development Division, 1101 East First Street, Sanford, Florida 32771



**PLANNING & DEVELOPMENT**  
**1101 EAST FIRST STREET, ROOM 2028**  
**SANFORD, FLORIDA 32771**  
**TELEPHONE: (407) 665-7371**  
**PLANDESK@SEMINOLECOUNTYFL.GOV**

PROJ #: \_\_\_\_\_  
 BV #: \_\_\_\_\_  
 BP #: \_\_\_\_\_  
 CV #: \_\_\_\_\_  
 MEETING: \_\_\_\_\_

## VARIANCE

**THE COMPLETE APPLICATION PACKET MUST BE SUBMITTED BY THE APPLICATION DUE DATE IN ORDER TO MEET THE DEADLINE FOR THE DESIRED MEETING**

### APPLICATION TYPE/FEE

- |  |  |
|--|--|
| <input type="checkbox"/> <b>VARIANCE</b>                                   | \$300 + \$75 each additional variance  |
| <input type="checkbox"/> <b>ADMINISTRATIVE VARIANCE*</b>                   | \$150                                  |
| <input type="checkbox"/> <b>AFTER-THE-FACT VARIANCE**</b>                  | \$600 + \$150 each additional variance |
| <input type="checkbox"/> <b>AFTER-THE-FACT ADMINISTRATIVE VARIANCE*/**</b> | \$300                                  |
| <input type="checkbox"/> <b>AFFORDABLE HOUSING VARIANCE***</b>             | \$150                                  |

\*The administrative variance is limited to 10% or less of the required setback and can only require 1 variance

\*\*Any variance application made as a result of unpermitted construction, Code Enforcement, Special Magistrate action, or other violation

\*\*\*Habitat for Humanity or similar housing authority application or accompanied by an approved checklist form from Seminole County Community Services

### PROPERTY

PARCEL ID #:		
ADDRESS:		
SUBDIVISION NAME:		
TOTAL SQ FT/ACREAGE:	USE OF PROPERTY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL (REQ COMMUNITY MEETING)	
ZONING:	FUTURE LAND USE:	BCC DISTRICT:

### VARIANCE TYPE

TYPE OF VARIANCE:	<input type="checkbox"/> _____ <b>SETBACK</b> REQUIRED: _____ FT. PROPOSED: _____ FT.
	<input type="checkbox"/> _____ <b>SETBACK</b> REQUIRED: _____ FT. PROPOSED: _____ FT.
	<input type="checkbox"/> _____ <b>SETBACK</b> REQUIRED: _____ FT. PROPOSED: _____ FT.
	<input type="checkbox"/> _____ <b>SETBACK</b> REQUIRED: _____ FT. PROPOSED: _____ FT.
	<input type="checkbox"/> <b>MINIMUM LOT SIZE</b> REQUIRED: _____ SQ. FT./ACRE ACTUAL: _____ SQ. FT./ACRE
	<input type="checkbox"/> <b>WIDTH AT BUILDING LINE</b> REQUIRED: _____ FT. ACTUAL: _____ FT.
	<input type="checkbox"/> <b>HEIGHT</b> REQUIRED: _____ FT. PROPOSED: _____ FT.
	<input type="checkbox"/> <b>SIGNAGE</b> REQUIRED: _____ SQ.FT. PROPOSED: _____ SQ.FT.

## STRUCTURE

TYPE OF STRUCTURE:  ACCESSORY DWELLING UNIT  ADDITION  BOAT DOCK/HOUSE  FENCE  GARAGE (DETACHED)  
 POOL  SCREEN ENCLOSURE  SHED  SIGN  SINGLE FAMILY HOME  OTHER \_\_\_\_\_

USE OF STRUCTURE:

DIMENSIONS/SQ FT OF STRUCTURE:

IS THIS REQUEST FOR A STRUCTURE THAT HAS ALREADY BEEN BUILT?  YES  NO IF YES, CONSTRUCTION DATE: \_\_\_\_\_

IF YES, DID YOU RECEIVE A CODE VIOLATION FOR THIS STRUCTURE?  YES  NO IF YES, VIOLATION #: \_\_\_\_\_

### FENCE REQUESTS

OPEN OR CLOSED FENCE: \_\_\_\_\_ HEIGHT OF FENCE: \_\_\_\_\_

DISTANCE FROM FENCE TO SIDEWALK: \_\_\_\_\_ DISTANCE FROM FENCE TO EDGE OF STREET: \_\_\_\_\_

## OWNER

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CONSULTANT (IF ANY – MUST SUBMIT NOTARIZED AUTHORIZATION FORM)

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I understand that the application for variance must include all required submittals as specified in the Seminole County Land Development Code. **Submission of incomplete documents or drawings may create delays.**

I hereby represent that I have the lawful right and authority to file this application.

\_\_\_\_\_  
**SIGNATURE OF OWNER/AUTHORIZED APPLICANT**

(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED WITH  
SUBMITTAL IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

\_\_\_\_\_  
**DATE**

## VARIANCE CRITERIA

Respond completely and fully to all 6 criteria listed below to demonstrate that the request meets the standards of Seminole County Land Development Code Section 30.3.3.2(b) for the granting of a variance:

1. What are the special conditions and circumstances that exist that are peculiar to the land, structure, or building involved, and which are not applicable to other lands, structures, or buildings in the same zoning district?
2. How are the special conditions and circumstances that exist not the result of the actions of the applicant?
3. How would the granting of the variance request not confer on the applicant any special privilege that is denied by Chapter 30 to other lands, buildings, or structures in the same zoning district?
4. How would the literal interpretation of the provisions of the zoning regulations deprive the applicant of rights commonly enjoyed by other properties in the same zoning district and would work unnecessary and undue hardship on the applicant?
5. How would the requested variance be the minimum variance that will make possible the reasonable use of the land, building, or structure?
6. How would the granting of the variance be in harmony with the general intent and purpose of the zoning regulations and not be injurious to the neighborhood, or otherwise detrimental to the public welfare?

**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

The owner of the real property associated with this application is a/an (check one):

- Individual
  Corporation
  Land Trust  
 Limited Liability Company
  Partnership
  Other (describe): \_\_\_\_\_

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above:

**Trust Name:** \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

**Name of LLC:** \_\_\_\_\_

NAME	TITLE	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

**Name of Purchaser:** \_\_\_\_\_

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

**Date of Contract:** \_\_\_\_\_

**Specify any contingency clause related to the outcome for consideration of the application:** \_\_\_\_\_

7. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
8. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject Rezone, Future Land Use Amendment, Special Exception, or Variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner, Agent, Applicant Signature

**STATE OF FLORIDA  
COUNTY OF SEMINOLE**

Sworn to and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me, or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary Public

# OWNER AUTHORIZATION FORM

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchase (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, \_\_\_\_\_, the owner of record for the following described property [Parcel ID Number(s)] \_\_\_\_\_ hereby designates \_\_\_\_\_ to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance

**OTHER:** \_\_\_\_\_

and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments, and fees become part of the Official Records of Seminole County, Florida and are not returnable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Property Owner's Printed Name

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared \_\_\_\_\_ (*property owner*),  
 by means of physical presence or  online notarization; and  who is personally known to me or  who has produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and sworn an oath on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

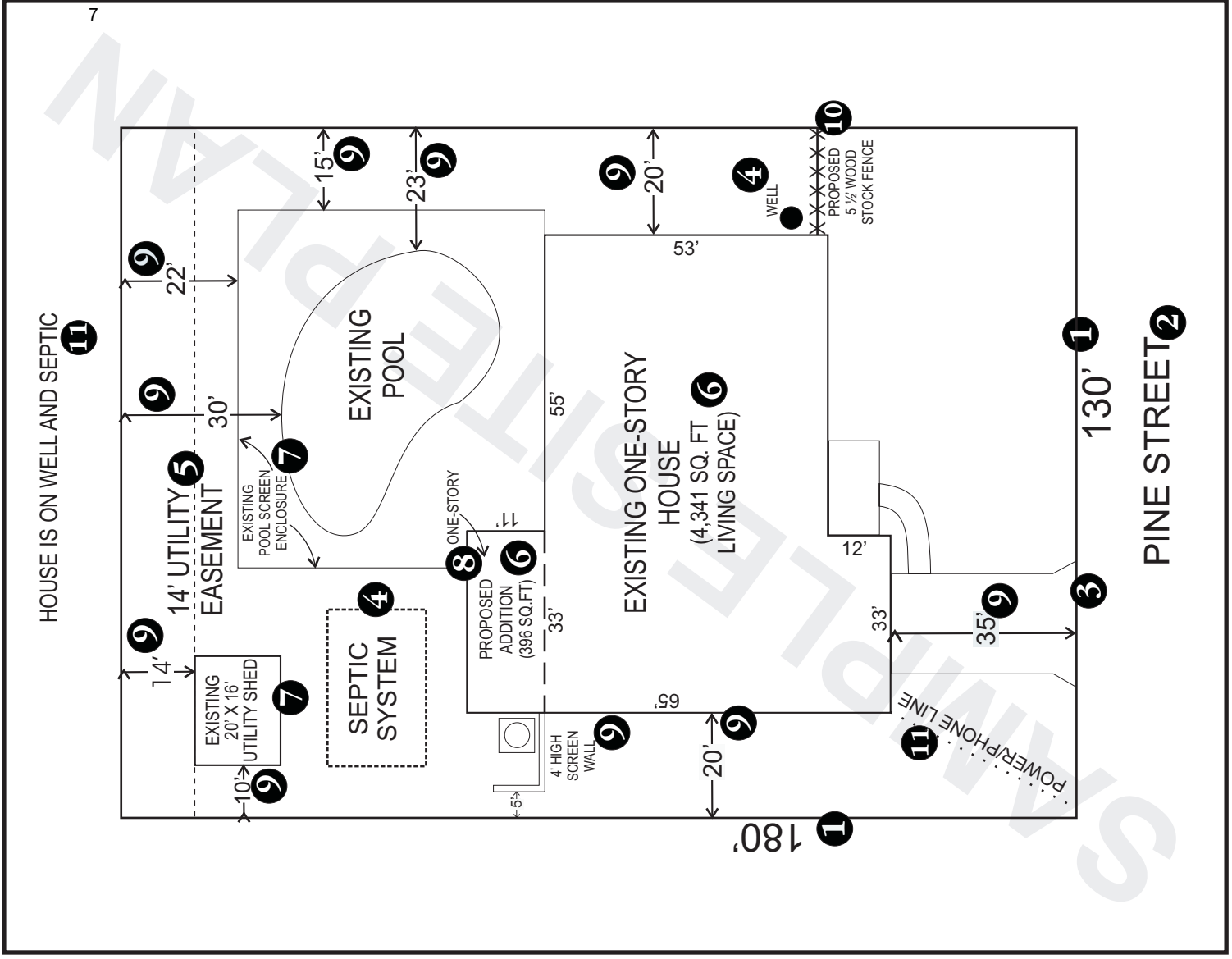
\_\_\_\_\_  
Notary Public



# SAMPLE SITE PLAN FOR A VARIANCE SUBMITTAL

One 8 1/2" x 11" site plan (please draw to scale) is required. The application may be delayed if all required information is not included on the site plan:

- 1 Size and dimension of the parcel
- 2 Location and name of all abutting streets
- 3 Location of driveways
- 4 Location, size and type of any septic systems, drainfields and wells
- 5 Location of all easements
- 6 Existing or proposed house or addition (Label existing, label proposed and include square footage and dimension of each)
- 7 Existing and/or proposed buildings, structures and improvements (Label existing, label proposed and include square footage and dimension of each)
- 8 Building height
- 9 Setbacks from each building to the property lines
- 10 Location of existing & proposed fences
- 11 Identification of available utilities (e.g. Water, sewer, well or septic)





2025  
 SEMINOLE COUNTY  
 BOARD OF ADJUSTMENT  
 MEETING SCHEDULE  
 COUNTY SERVICES BUILDING  
 1101 E. 1<sup>ST</sup> STREET, ROOM 1028  
 SANFORD, FLORIDA 32771  
 6:00 P.M.

APPLICATION DEADLINE	MEETING DATE
December 13, 2024	January 27, 2025
January 10, 2025	February 24, 2025
February 7, 2025	March 24, 2025
March 14, 2025	April 28, 2025
April 4, 2025	May 19, 2025*
May 9, 2025	June 23, 2025
June 13, 2025	July 28, 2025
July 11, 2025	August 25, 2025
August 8, 2025	September 22, 2025
September 12, 2025	October 27, 2025
October 17, 2025	December 1, 2025*
December 12, 2025	January 26, 2026

\*CHANGED DUE TO HOLIDAY