

# HEARING BOARDS

## VARIANCE CHECKLIST

\_\_\_\_\_  
Reviewer Name

\_\_\_\_\_  
Review Date

\_\_\_\_\_  
Applicant Name and Contact Info

\_\_\_\_\_  
Location/Project Name

- |                              |                             |                              |   |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All property addresses listed   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | One original survey dated within six months                                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Two (2) 11x17" and one (1) 8½x11" copies of the survey                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | One original plan signed by all departments (HB, PW, Z & P)                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Two (2) 11x17" and one (1) 8½x11" copies of the original plan               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Current Zoning Referral   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Zoning Write-up   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Code Enforcement violation(s)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Proof of Lobbyist Registration  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Current Photos  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Recorded Warranty Deed/Tax Records  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | "Exhibit A" to match with legal description from the survey                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Affidavit of Authority to Act   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Ownership of all owners                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Agreement to Support or Withhold Objection                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certified list of adjacent owners within 500 feet                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certificate from Tallahassee of all owners dated within 1 year              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corporate Resolution or Power of Attorney of all owners                     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors of all owners                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Disclosure of Ownership of all contract purchasers                          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Certificate from Tallahassee of all contract purchasers dated within 1 year |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Corporate Reso or Power of Attorney of all contract purchasers              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Non-profits: List of Board of Directors of all contract purchasers          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | All questions answered, including #21 (a) through (f)                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Paid receipt  |

**Name & address for refund check:** \_\_\_\_\_

\*If pertinent information above is missing, all documents must be returned to the applicant.

\*If all pertinent information is presented, date stamp and initial the application.