



VARIANCE APPLICATION

FIRST FLOOR ELEVATION

Board of County Commissioners
DEPARTMENT OF DEVELOPMENT SERVICES
LAND DEVELOPMENT DIVISION
3600 W. Sovereign Path, Suite 141
Lecanto, FL 34461
Telephone: (352) 527-5239 Fax (352) 527-5428
Toll Free (352) 489-2120 TTY (352) 527-5312

BUILDING PERMIT #: _____ **DATE:** _____

THE UNDERSIGNED APPLIES FOR A VARIANCE FROM THE CODE COMPLIANCE; THE FIRST FLOOR ELEVATION BE ESTABLISHED AT A MINIMUM OF ONE FOOT ABOVE THE CROWN OF THE ROAD BORDERING THE RESIDENTIAL CONSTRUCTION SITE, AS PROVIDED IN THE CITRUS COUNTY LAND DEVELOPMENT CODE, ON THE SUBJECT PROPERTY DEFINED AS:

LOT: _____ BLOCK: _____ SUBDIVISION: _____
SECTION: _____ TWP: _____ RANGE: _____ PARCEL: _____
JUSTIFICATION FOR VARIANCE: _____

DIRECTIONS TO JOB SITE: _____

I DO HEREBY AGREE TO COMPLY WITH ALL OTHER REQUIREMENTS OUTLINED BY THE LATEST ADOPTED EDITIONS OF THE LAND DEVELOPMENT CODE, THE STANDARD BUILDING CODES OR BY OTHER COUNTY ORDINANCES RELATING TO BUILDING CONSTRUCTION ON THIS SITE. **THE OWNER DOES HEREBY RELEASE CITRUS COUNTY AND ITS AGENTS FROM ANY LIABILITY OR RESPONSIBILITY FOR FLOODING WHICH MAY OCCUR ON THE ABOVE DESCRIBED LANDS OR BUILDING CONSTRUCTED THEREON IF THIS APPLICATION FOR VARIANCE IS APPROVED.** I UNDERSTAND THAT APPROVAL OF THIS VARIANCE WILL NOT RELIEVE APPLICANTS FROM THE OBLIGATION TO COMPLY WITH THE FLOOD PLAIN REQUIREMENTS AS OUTLINED IN THE CITRUS COUNTY LAND DEVELOPMENT CODE, SECTION 4160, IF APPLICABLE. I FURTHER UNDERSTAND THAT IN THE EVENT CONSTRUCTION IS NOT COMMENCED WITHIN 6 MONTHS OF THE ISSUE DATE, THIS VARIANCE IS VOID.

SIGNATURE OF OWNER

SIGNATURE OF CONTRACTOR

PRINTED NAME OF OWNER
ADDRESS: _____

PRINTED NAME OF CONTRACTOR
ADDRESS: _____

PHONE: _____
FAX: _____

PHONE: _____
FAX: _____

STATE OF FLORIDA
COUNTY OF CITRUS
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____, who is personally known to me or provided _____ as identification and who did not take an oath.
WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public - State of Florida

STATE OF FLORIDA
COUNTY OF CITRUS
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared _____, who is personally known to me or provided _____ as identification and who did not take an oath.
WITNESS my hand and official seal this _____ day of _____, _____.

Notary Public - State of Florida

SEAL

SEAL

DO NOT WRITE OR STAMP BELOW THIS LINE

INSPECTED BY: _____ DATE: _____
APPROVED BY: _____ DATE: _____
COMMENTS: _____

