



# City of Frostproof

• 111 West First Street • PO Box 308 • Frostproof, Florida 33843 • (863) 635-7855 • Fax (863) 635-7856

## Application for a Variance

### Applicant

The following information is required for submission of an application for a Variance to the regulations contained in the Land Development Code of the City of Frostproof, Florida. **Please print or type the required information below. Attach three copies of a current survey, deed, or information from the Polk County Property Appraiser's Office for the subject property along with an aerial photograph, if available, and a location map.**

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Representative, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

### Property Identification

Property Address or General Location: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Existing Structures Located on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Number of Residents on Site: \_\_\_\_\_

Legal Description of the Property: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Parcel I.D.#: \_\_\_\_\_

### Planning and Zoning Information

Current City Zoning Classification: \_\_\_\_\_

Description of the Variance Requested (please attach drawings, plans and extra pages, if necessary, to fully explain your request): \_\_\_\_\_

**Note:** The variance that you request should be the minimum variance from the regulations of the City of Frostproof that will result in the you being able to make reasonable and productive use of the property for which the variance is requested.

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

File Number: \_\_\_\_\_

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**OWNER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the City of Frostproof to process this petition for a Comprehensive Plan Amendment or for the assignment of a Zoning Classification, in accordance with all adopted City rules and regulations, and in conformance with State law.

Further (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

**OWNERS**\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Printed Name of Owner\_\_\_\_\_  
Printed Name of Owner\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Signature of Owner\_\_\_\_\_  
Printed Name of Owner\_\_\_\_\_  
Printed Name of Owner

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**STATE OF FLORIDA  
COUNTY OF POLK****OWNER'S NOTARIZATION**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

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Notary Public  
Notarial Seal and Commission  
Expiration Date

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**AGENT, LESSEE, OR BUYER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being  
duly sworn, depose and say that (I) (we) serve as \_\_\_\_\_ for the owner(s)  
(agent or lessee)  
in making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this  
capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and other  
information attached hereto present the arguments in behalf of the petition herein requested to  
the best of (my) (our) ability and that the statements and information above referred to are in all  
respects true and correct to the best of (my) (our) knowledge and belief.

**AGENT, LESSEE, OR BUYER(S)**

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Signature of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

\_\_\_\_\_  
Printed Name of Agent, Lessee, or Buyer(s)

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STATE OF FLORIDA  
COUNTY OF POLK

**AGENT, LESSEE, OR BUYER(S) NOTARIZATION**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, who is personally known  
to me or who has produced a driver's license as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date