

D. Project Personnel:	
Agent:	
Name: _____	
Address _____	
Phone Number: () -	FAX Number: () -
E-Mail: _____	
Attorney:	
Name: _____	
Address _____	
Phone Number: () -	FAX Number: () -
E-Mail: _____	
Engineer:	
Name: _____	
Address _____	
Phone Number: () -	FAX Number: () -
E-Mail: _____	
Surveyor:	
Name: _____	
Address _____	
Phone Number: () -	FAX Number: () -
E-Mail: _____	

I, _____, BEING FIRST DULY SWORN, DEPOSE AND SAY THAT: ___ I AM THE OWNER ___ I AM THE LEGAL REPRESENTATIVE OF THE OWNER OF THE PROPERTY DESCRIBED WHICH IS THE SUBJECT MATTER OF THIS APPLICATION, AND THAT ALL THE INFORMATION, MAPS, DATA AND/OR SKETCHES PROVIDED IN THIS APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

SWORN TO AND SUBSCRIBED BEFORE ME BY _____
WHO IS PERSONALLY KNOWN TO ME OR PRODUCED _____
AS IDENTIFICATION, THIS _____ DAY OF _____, 20____.

NOTARY'S SIGNATURE _____
PRINTED NAME OF NOTARY _____
COMMISSION NO./EXPIRATION _____
SEAL:

The following is required for all comprehensive plan amendments, zoning amendments (including rezoning), site plans, conditional use permits, special use permits, variances, exceptions, and appeals.

I/WE, ___ THE OWNER(S) / ___ THE LEGAL REPRESENTATIVE OF THE OWNER(S) OF THE PROPERTY DESCRIBED WHICH IS THE SUBJECT OF THIS APPLICATION, HEREBY AUTHORIZE EACH AND EVERY MEMBER OF THE _____ BOARD/COMMISSION OF THE CITY OF SEBASTIAN TO PHYSICALLY ENTER UPON THE PROPERTY AND VIEW THE PROPERTY IN CONNECTION WITH MY/OUR PENDING APPLICATION.

I/WE HEREBY WAIVE ANY OBJECTION OR DEFENSE I/WE MAY HAVE, DUE TO THE QUASI-JUDICIAL NATURE OF THE PROCEEDINGS, RESULTING FROM ANY BOARD/COMMISSION MEMBER ENTERING OR VIEWING THE PROPERTY, INCLUDING ANY CLAIM OR ASSERTION THAT MY/OUR PROCEDURAL OR SUBSTANTIVE DUE PROCESS RIGHTS UNDER THE FLORIDA CONSTITUTION OR THE UNITED STATES CONSTITUTION WERE VIOLATED BY SUCH ENTERING OR VIEWING.

THIS WAIVER AND CONSENT IS BEING SIGNED BY ME/US VOLUNTARILY AND NOT AS A RESULT OF ANY COERCION APPLIED, OR PROMISES MADE, BY ANY EMPLOYEE, AGENT, CONTRACTOR OR OFFICIAL OF THE CITY OF SEBASTIAN.

SIGNATURE

DATE

Sworn to and subscribed before me by _____
who is personally known to me or produced _____
as identification, this ____ day of _____, 20 ____.

Notary's Signature _____
Printed Name of Notary _____
Commission No./Expiration _____
Seal:



Supplemental Information Application to the Board of Adjustment

___ 1. This application is for a (check one): ___ variance(s) ___ appeal(s)

___ 2. Specify all code provisions for which a variance is being requested or the decision or decisions that you are appealing. (Attach extra sheets if necessary): _____

___ 3. Legal description of the property involved: _____

- ___ 4. Attach the following:
- ___ a. Boundary survey of the property executed by a Florida Registered Surveyor. The survey shall show the dimensions of the lot or parcel at issue, the location of all structures, if any, along with adjacent streets, and all easements and right-of-ways.
 - ___ b. Additional data and information as required to properly advise the Board of the facts and circumstances needed to decide the case on its merits.
 - ___ c. The names and addresses of all property owners whose property or part of their real property is within 300 feet of any outer boundary of the lot or parcel of land that is subject of the application.