



# COUNTY OF VOLUSIA PLANNING AND ZONING APPLICATION FORM

Mail or hand deliver completed application to:

**GROWTH AND RESOURCE MANAGEMENT DEPARTMENT  
PLANNING AND DEVELOPMENT SERVICES DIVISION**

123 W. Indiana Avenue, Room 202, DeLand, FL 32720-4604

(386) 736-5959

[planning@volusia.org](mailto:planning@volusia.org)

**TYPE OF APPLICATION:**

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> COMPREHENSIVE PLAN AMENDMENT              | <input type="checkbox"/> REZONING                       |
| <input type="checkbox"/> LARGE SCALE                               | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT (PUD) |
| <input type="checkbox"/> SMALL SCALE                               | <input type="checkbox"/> MAJOR/MINOR AMENDMENT TO PUD   |
| <input type="checkbox"/> ADMINISTRATIVE (660') BOUNDARY ADJUSTMENT | <input type="checkbox"/> SPECIAL EXCEPTION              |
|  | <input type="checkbox"/> VARIANCE                       |

**PROJECT INFORMATION:**

(Attach additional sheets as necessary)

PROJECT NAME: \_\_\_\_\_

INTENDED USE: \_\_\_\_\_

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

APPLICATION REQUEST: \_\_\_\_\_

TAX PARCEL NUMBER(S): \_\_\_\_\_

TOTAL ACRES: \_\_\_\_\_

EXISTING: FUTURE LAND USE: \_\_\_\_\_ ZONING: \_\_\_\_\_

PROPOSED: FUTURE LAND USE: \_\_\_\_\_ ZONING: \_\_\_\_\_

ADJACENT MUNICIPALITY: \_\_\_\_\_

UTILITY PROVIDER(S): \_\_\_\_\_ and/or ☐ WELL and/or ☐ SEPTIC

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**TO BE COMPLETED BY COUNTY STAFF:**

Date Stamp:		Received by:	
Fee Paid: (Breakdown of fees must be attached)		Application #(s):	
Pre-Application Meeting Date:		RSN #:	
Companion Application:		Project Manager:	

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_ ☐ PRIMARY CONTACT  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OWNER INFORMATION:**

NAME: \_\_\_\_\_ ☐ PRIMARY CONTACT  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ENGINEER(S) OF RECORD:**

NAME: \_\_\_\_\_ ☐ PRIMARY CONTACT  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: ( \_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_ ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CERTIFICATION AND STATEMENT OF UNDERSTANDING**

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and/or revocation of any approval based upon this application.

I understand that a formal concurrency review will be required if/when a final development order is issued for this project and that any statement of capacity availability provided for review of this application does not constitute concurrency review, nor does it constitute a reservation of said capacities.

I hereby authorize Volusia County staff permission to view and enter upon the subject property for the purposes of investigating and reviewing this request.

I understand that this application and payment of fees for the processing and public hearing advertisement does not imply or guarantee that the application will be approved.

I acknowledge that a complete application includes all fees and all required supplemental information and that applications determined to be incomplete shall not be scheduled for public hearing and may be returned to the applicant prior to acceptance.

**APPLICANT(s) SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(\*If you are not the property owner, you must have the owner complete the attached "Authorization of Owner" form.)

\_\_\_\_\_  
**PRINT NAME**

## Required Supplemental Information

One copy of the items listed in the column below the application type is required at the time of submittal in order to find the application complete, unless otherwise specified. Digital copies are preferred, however paper copies are accepted.

“X” means the item is always required.

“O” means the item may be required. Please confirm requirement prior to submittal.

Submittal Information	CPA	660' Boundary	Rezone	PUD	Special Exception	Variance
<b>Application Fee</b>	X	N.A.	X	X	X	X
<b>Proof of Ownership</b> A property record card from the Property Appraiser dated as of the date of the application. Deeds will not be accepted as proof of ownership.	X	X	X	X	X	X
<b>Proof of Unified Ownership</b> Per Section 72-289(1), A title opinion or a certification by an abstractor or title company that the entire area within the PUD is under unified ownership.	N.A.	N.A.	N.A.	X	N.A.	N.A.
<b>Authorization of Owner Form</b> If applicant is other than the owner. Form must be notarized.	O	O	O	O	O	O
<b>Written Petition for Variance Form</b>	N.A.	N.A.	N.A.	N.A.	N.A.	X
<b>Written Explanation of Request</b> Provide a detailed written description of proposed development plan. Explain the proposed use, hours of operation, square footage of buildings, percentage of lot coverage, height of all structures, unique design features, signage, etc.	N.A.	N.A.	N.A.	O	X	N.A.
<b>Nonconforming Lot Letter</b>	N.A.	O	N.A.	N.A.	O	O
<b>Boundary Survey</b> Must be signed and sealed by a Florida registered surveyor, and completed within the past two years.	X	X	X	X	X	X
<b>Legal Description</b> (Provide in paper and digital format - Microsoft Word)	X	X	X	X	X	X
<b>Conceptual Plan</b> Must be drawn to scale and of sufficient detail to illustrate the application request.	N.A.	X	N.A.	X	X	X
<b>Proposed Development Agreement</b> (Provide in digital format - Microsoft Word)	N.A.	N.A.	N.A.	X	N.A.	N.A.
<b>School Impact Analysis</b> <i>For residential projects only.</i> Contact the Volusia County School Board Facilities Services Department at (386) 947-8786, ext. 50772. Or visit the website at: <a href="http://myvolusiaschools.org/planning-business-services/Pages/Growth-Management.aspx">http://myvolusiaschools.org/planning-business-services/Pages/Growth-Management.aspx</a> .	X	N.A.	X	X	N.A.	N.A.
<b>Transportation Analysis</b> A Multimodal Transportation Analysis shall be required for any change of use when trip ends generated by the proposed change of use equal or exceed 1000 trip ends per day, or when deemed necessary by the Director of Traffic Engineering. Contact the Volusia County Traffic Engineering Department at (386) 736-5968 ext. 12322 for study requirements. (Provide one copy in digital format. Paper copies may also be required per Traffic Engineering requirements.)	X	N.A.	X	X	O	N.A.

Submittal Information	CPA	660' Boundary	Rezone	PUD	Special Exception	Variance
<b>Environmental Impact Analysis</b> A biological survey/report including how the request will address wetland and tree protection, surface and stormwater management, land clearance, air quality, water quality, protection of environmentally sensitive lands and critical habitats, protection of endangered species, and an assessment describing if the proposed request will/will not negatively affect the environment and ensure protection of natural resources. If impacts are proposed, the report must demonstrate that the impacts are in the overriding public interest. The analysis shall be conducted by a qualified biologist and dated less than one year old.	X if in NRMA	N.A.	X if in NRMA	X if in NRMA	N.A.	N.A.
<b>Scrub Jay Survey</b> If the property has been identified by Volusia County Environmental Management as containing habitat that has the potential to be occupied by the Florida scrub jay, a five-day scrub jay survey conforming to United States Fish and Wildlife Survey guidelines is required. The survey may be no more than one year old.	O	N.A.	O	X	O	O
<b>Wetland Delineation</b> A wetland delineation (survey) depicting the wetland boundary in accordance with Rule 62-340 of the Florida Administrative Code, completed within the past 5 years, and verified by the appropriate state agency (the Florida Department of Environmental Protection or the St. Johns River Water Management District).	O	X	O	X	O	O
<b>Class II Plan</b> A stormwater plan, depicting the square-footage and location of required retention (1/2" of runoff retained on the lot) and a native vegetation plan depicting the square footage and location of required native vegetation (35% of the lot area).	N.A.	N.A.	N.A.	O	O	O
<b>Letters of Capacity Availability</b> For each public service provider (potable water, sanitary sewer, reclaimed water) a letter shall be submitted, signed by the public service provider, which states:  1)the project's capacity requirements at build-out based on maximum development potential; and,  2)provides data on existing and future plant/public facility capacity; and,  3)provides data on the capacity of the public facility that is unencumbered for other uses; and,  4)provides a statement on the ability of the plant to serve the project.	X	N.A.	O	O	O	N.A.
<b>Architectural Elevations</b>	N.A.	N.A.	N.A.	O	O	O
<b>Affordable Housing</b> Projects requesting an affordable housing density bonus must provide certification from the Volusia County Community Assistance Division. Reference the website at: <a href="http://www.volusia.org/services/community-services/community-assistance/housing-and-grants-administration/">http://www.volusia.org/services/community-services/community-assistance/housing-and-grants-administration/</a> .	O	N.A.	O	O	N.A.	N.A.



## **AUTHORIZATION OF OWNER**

(Must be notarized)

I/We, \_\_\_\_\_,  
(PRINT OWNER'S NAME)

as the sole or joint fee simple title holder(s) of the property described as:

\_\_\_\_\_  
(LEGAL DESCRIPTION AND/OR PARCEL NUMBER)

authorize \_\_\_\_\_ to act as my agent  
(PRINT AGENT'S NAME)

to seek \_\_\_\_\_ on the above property.  
(TYPE OF APPLICATION)

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\*If additional Owner's names are required, attach additional signature pages.

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date)  
by \_\_\_\_\_ (Name of Person),  
who is personally known \_\_\_\_\_ OR produced Identification \_\_\_\_\_.  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

Type or Print Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_





## **Written Petition for a Variance**

Section 72-379(1)(a)(4) of the Zoning Ordinance of Volusia County, as amended, requires that each applicant for a variance submit a written petition as part of the application. The written petition must clearly describe how the variance request satisfies all of the specific conditions necessary for the granting of the variance.

The following items must be completed in sufficient detail to allow Current Planning to determine if the application complies with the Ordinance. **(Use additional sheets if necessary.)**

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1. What special conditions and circumstances exist which are peculiar to your land, structure, building or sign that are not applicable to other lands, structures, buildings or signs in the same zoning classification. Are these special conditions and circumstances the result of actions by you?

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2. How would literal interpretation of the zoning ordinance deprive you of rights commonly enjoyed by other properties in the same zoning classification? How would this interpretation be an unnecessary and undue hardship on you?

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3. Explain how the variance you are requesting is the minimum variance that will make possible the reasonable use of your land, building, structure, or sign.

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4. How is your request consistent with the general intent and purpose of the Volusia County Zoning Ordinance and Comprehensive Plan, which are to promote public health, safety, morals, and the general welfare; and to preserve the character, appearance and aesthetic qualities of Volusia County?

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5. Explain how your request for a variance will not be injurious to the surrounding area.

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