

Alachua CountyDepartment of Growth Management 10 SW 2nd Ave., Gainesville, FI 32601 <u>http://growth-management.alachuacounty.us</u>

Tel. 352.374.5243 Fax. 352.491.4510

	Date Received: Meeting Date:
Applicant: Ac	V
	ldress:
City: State:	Zip: Phone: ()
Property Owner:	Mailing Address:
City: State:	Zip: Phone: ()
Property Address (E-911 Address):	
⁻ ax Parcel #: Section:	Township: Range: Grant:
'oning:	Land Use:
 If the variance creates more than one lot, then separate legal d I have been advised that I must attend the meeting when this p I have contacted Public Works for a recommendation prior to m Signature of Applicant or Owner 	etition is presented.
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	D ATTACH THE APPROPRIATE COMPLETED FORM
 A. Chapter 402, Article 23 Family Homestead Exception with a Residual less than 5 acres. [Section 402.142 (c) 2] Transfer of Family Homestead Exception. [Section 402.143 (e)] B. Chapter 403 (Yard/Setback) Minimum yard/setback. Building height or coverage. Article 2 (Rural / Agriculture) Article 3 (Residential) Article 5 (Industrial) Additional information needed to complete application 	C. Chapter 407, Article 1 Principal building on lot [Section 407.01] D. Chapter 407, Article 8 (Subdivision Regulation) Public Road frontage requirement for 1st split parent parcel. [Section 407.73(f) 1] E. Chapter 405, Article 7 (Airport Impact Regulations) [Section 405.31] F Chapter Article Section On:
FOR ZON	NG DIVISION USE ONLY
ee\$ Receipt No	Code Specialist Initials