

### Escambia County Planning and Zoning

Development Services Department 3363 West Park Place Pensacola, FL 32505

Phone: (850) 595-3475 • Fax: (850) 595-3481

http://myescambia.com/business/ds

### DO NOT SUBMIT INFORMATION BELOW WITH APPLICATION

# BOARD OF ADJUSTMENT APPLICATION FOR DEVELOPMENT ORDER EXTENSION/ADMINISTRATIVE APPEAL

### A. Prior to Application Submittal

Please contact the Development Services Department located at 3363 West Park Place (595-3475) to make an appointment with a Planner to personally discuss your request and/or any possible alternatives.

### **B.** Application Submittal

It is important for the application packet to be <u>complete</u> and <u>on time</u> in order to process and schedule your request for the required public hearing(s). The submittal for an extention is to be prior to the expiration of the development order. The deadline to submit for an appeal is within 15 days after the date of the decision being appealed. In order for the application request to proceed in a timely manner, all items on the application forms and checklist (attached herein) must be completed and submitted prior to the deadline. Any incomplete application will not be accepted by Staff and any application submitted after the deadline will be processed for the next available meeting.

The owner and/or agent acting in his/her behalf, <u>must</u> sign the certification(s) where indicated on the application. If an agent is handling the request, the owner <u>must</u> submit an Affidavit of Ownership & Limited Power of Attorney (attached herein) authorizing said agent to act in his/her behalf. Signatures must be properly notarized and dated <u>no more than sixty (60) days</u> prior to application submittal.

No guarantee is made for the approval of any petition. Fees are **non-refundable** regardless of the decision.

### C. Public Hearing(s)

It is the *Applicant's burden* to show consistency with all applicable criteria. **NOTE:** The applicant, or his/her agent, must be present at the BOA.

#### D. Public Notice

Per the Land Development Code Chapter 2, Article 7: Adequate public notice/advertisement will be consistent with Florida Statutes and the Comprehensive Plan prior to the hearing.



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		Board of	Adjustment Application	1			
FOR OF	FICE	E USE ONLY - Case Number:	Accepted by:	BOA Meeting:			
	_ De	evelopment Order Extension					
	_ Ac	dministrative Appeal					
1.	Co	ntact Information:					
	A.	Property Owner/Applicant:					
		Mailing Address:					
		Business Phone:	Cell:				
		Email:					
	В.	Authorized Agent (if applicable)	·				
		Mailing Address:					
		Business Phone:	Cell:				
		Email:					
		Note: Owner must complete the attach	ed Agent Affidavit. If there is mo	ore than one owner, each owner must			
		complete an Agent Affidavit. Application will be voided if changes to this application are found.					
2.	Pro	operty Information:					
	A.	A. Project Name & Development Order Number (if applicable):					
	В.	Existing Street Address:					
		Parcel ID (s):					
	c.	Total acreage of the subject pro	perty:				

### 3. Reason for Request

Please explain why the extension or administrative appeal is necessary.				

### **B.** Development Order Extension

The LDC requires good faith efforts in adhering to its established periods, but extension of an eligible LDC time limit may be requested according to the provisions of this section whereby a landowner asserts that the limit does not anticipate legitimate delays in compliance. However, no applicant is automatically entitled to any extension. Short-term (6 month) extensions are evaluated by the Planning Official, and longer extensions (one year) shall be evaluated through a quasi-judicial public hearing review by the BOA. These extension processes allow additional time for concluding the compliance review, developing an approved use, and continuing or reestablishing some uses.

- **1. Limits on extensions.** Extensions to LDC periods are subject to the following limitations:
  - **a. Availability.** Extensions are available and may be granted only for LDC periods that specifically provide that option, only if a complete application for the extension was submitted prior to the expiration of the period for which the extension is requested, and only as otherwise allowed by the provisions of the LDC.
  - **b. Approving authority.** Extensions to any period not required by the LDC but imposed as a condition of approval by an approving authority cannot be granted by another approving authority.
  - **c. Individual and multiple limits.** An extension can only be granted based on a specific review of an individual period. If an extension of more than one period is requested, the extension criteria shall be evaluated for each limit.

### C. Administrative Appeal

Application for appeal of an administrative decision shall be submitted for compliance review within 15 days after the date of the decision being appealed. A quasi-judicial public hearing for the appeal shall be scheduled to occur within 30 business days after receipt of a complete application. The application shall provide information as required by the adopted appeal procedures, including the following:

- **1. Decision appealed.** A copy of the written administrative decision to be reviewed on appeal.
- **2. LDC reference.** Identification of the specific LDC provisions for which noncompliance is alleged.
- 3. Alleged error. A description of how the decision of the administrative official

is considered arbitrary or capricious.

- **4. Conditions.** Documentation satisfying the conditions established in the compliance review provisions of this section.
- **5. Remedy.** A description of the proposed remedy.
- **6. Other information.** Any other pertinent information the applicant wishes to have considered.

### D. Medical Hardship

Temporary placement of a manufactured (mobile) home or park trailer may be requested according to the provisions of this section when a landowner asserts that existing medical conditions require in-home care and an accessory dwelling to reasonably provide it. The manufactured home may be placed within any mainland zoning district to remedy a medical hardship according to the temporary use provisions of Chapter 4, regardless of the density limits of the applicable zoning. The requirements to grant the temporary use of a manufactured home or park trailer as an accessory dwelling to provide in-home medical care is considered by the BOA in a quasi-judicial hearing whether conditions warrant such use.

The BOA shall conduct a quasi-judicial public hearing as noticed to consider the requested medical hardship temporary use of a manufactured home or park trailer according to the provisions of this article. The applicant has the burden of presenting competent substantial evidence to the board that establishes each of the following conditions:

- **1. Certified need.** A Florida-licensed physician certifies in writing the medical need, specifying the extent of the need for in-home medical care and the approximate length of time for such in-home medical care.
- **2. Minimum necessary.** Conditions and circumstances make it difficult or impossible for the recipient and provider of medical care to reside in the same dwelling and the temporary accessory dwelling is the minimum necessary to provide relief of that medical hardship.
- **3.** Adequate public services. The manufactured home or park trailer will have adequate water, sewer, solid waste removal, and electric services available.
- **4. Compatibility.** The temporary use will not produce adverse impacts on the uses of surrounding properties.
- **5. Standard conditions.** The temporary use can comply with the applicable standards of Chapter 4.

(Notary Seal)

# 4. <u>Please complete the following form (if applicable): Affidavit of Owner/Limited Power of Attorney</u>

## AFFIDAVIT OF OWNER AND LIMITED POWER OF ATTORNEY (if applicable)

As owner of the property located	at			
, Florida,	property reference number(s)			
	I hereby designate			
	for the sole purpose of comp	leting this app	lication and n	naking
a presentation to the Board of Ad	justments on the above referenced	property. This	Limited Powe	er of
Attorney is granted on thisd	ay of the year of,	, and is effe	ctive until the	e Board
of Adjustment has rendered a dec	cision on this request and any appea	period has ex	pired. The ow	ner
reserves the right to rescind this L	imited Power of Attorney at any tim	e with a writte	en, notarized	notice
to the Development Services Dep	artment.			
Agent Name:	Email:			
Address:		Pho	one:	
Signature of Property Owner	Printed Name of Property Owner		Date	
Signature of Property Owner	Printed Name of Property Owner		 Date	
STATE OF	COUNTY OF _			
The foregoing instrument was ack	nowledged before me this	day of		20,
by means of □ physical presence	or $\square$ online notarization			
Type of Identification Produced: _				
Signature of Notary	Printed Name of	Printed Name of Notary		

5.	Subn	nittal	Requ	iirem	ents
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	Α	_ Completed application: All	applicable areas of the ap	plication shall be filled in	
	and su	ıbmitted to the Planning and Zoniı	ng Department, 3363 Wes	t Park Place, Pensacola, FL	
	32505				
	В	_ Application Fee: Application			
	http:/	/myescambia.com/business/board	d-adjustment or contact u	s at 595-3448	
	fee. Pa	Fees include all notices and advertise yments must be submitted prior to 3 make checks payable to Escambia Co	3 pm of the closing date of a	cceptance of application.	
1) I	I am duly qualif	ereby certify that: ied as owner(s) or authorized agent to taff has explained all procedures relat		application is of my own	
Í	All information given is accurate to the best of my knowledge and belief, and I understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and/or revocation of any approval based upon this application; and				
	I understand that there are no guarantees as to the outcome of this request, and that the application fee is non-refundable; and				
4) I	l authorize Cou	nty staff to place a public notice sign(s	s) on the property reference	d herein.	
Signa	ture of Owner/A	gent Print	ted Name Owner/Agent	 Date	
Signature of Owner		Print	ted Name of Owner	Date	
STAT	ΓΕ OF		COUNTY OF		
The foregoing instrument was acknowledged by			e me thisday o	of 20,	
-	-	ysical presence or $\square$ online notar	rization	Type of	
Iden	tification Proc	luced:			
Signa	ture of Notary	Print	ted Name of Notary	(notary seal)	