

Docket No. _____ Date Filed _____, 20_____

APPLICATION MUST BE FILED BY THE 25TH DAY OF THE MONTH IN ORDER TO BE HEARD THE FOLLOWING MONTH. BCAB MEETINGS ARE HELD SECOND THURSDAY OF EACH MONTH AT 6:00 P.M. IN COMMITTEE ROOM "A" OR "B" (DEPENDING UPON AVAILABILITY) ON THE FIRST FLOOR OF THE ST JAMES BUILDING.

APPLICATION FOR VARIANCE FROM REQUIREMENTS OF CODE

(This application must be typewritten or printed in triplicate)

TO: **THE BUILDING CODES ADJUSTMENT BOARD OF THE CITY OF JACKSONVILLE, FLORIDA**

The undersigned hereby applies for a Variance as follows:

1. Variance is sought from the provisions of the

- | | | | |
|--------------------------|-----------------|--------------------------|-----------------|
| <input type="checkbox"/> | Building Code | <input type="checkbox"/> | Mechanical Code |
| <input type="checkbox"/> | Plumbing Code | <input type="checkbox"/> | Safety Code |
| <input type="checkbox"/> | Electrical Code | <input type="checkbox"/> | Gas Code |
| <input type="checkbox"/> | Fire Code | <input type="checkbox"/> | Sanitary Code |
| | | <input type="checkbox"/> | _____ |

REVIEWED BY FIRE MARSHALL:

Date: _____

Name: _____

Signature: _____

REVIEWED BY BUILDING OFFICIAL:

Date: _____

Name: _____

Signature: _____

2. Location of Building or Structure: On _____ side of

(Number) (Street)

between _____ and _____
(Number) (Street)

3. Owner as shown in the public records of Duval County:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

4. Section of Code from which Variance is sought: _____

5. Reason Variance is being sought: _____

6. Describe Variance requested: _____

7. Supporting data which should be considered by the Board: _____

8. What is applicant's interest in this Variance? _____

In filing this application for Variance, the undersigned understands it becomes a part of the official records of the Building Codes Adjustment Board and does hereby certify that all information contained herein is true to the best of his/her knowledge.

OWNER:

AGENT:

Name: _____ (Print) Name: _____ (Print)

Signature: _____ Signature: _____

Address _____ (Print) Address: _____ (Print)

City: _____ City: _____

State: _____ Zip: _____ State: _____

Telephone: _____ Telephone: _____

**APPLICATION PAYMENT PROCEDURES
PAYMENT TRANSMITTAL PAGE**

Upon completion of the **APPLICATION FOR VARIANCE FROM REQUIREMENTS OF CODE** form by all reviewers listed on page 1, take this Payment Transmittal Page to the Tax Collector's window, located in Room 213, Ed Ball Building, 214 N. Hogan St., Jacksonville, Florida. A payment of \$10.00 is required. Checks should be made to the City of Jacksonville. A receipt for payment will be given to the applicant. The payment receipt and completed application is then to be submitted to the **Municipal Code Compliance Division, located at 1801 Art Museum Drive, Jacksonville, Florida.** Hearing are held in **Committee Room "A" or "B", on the first floor of City Hall—St. James Building, 117 West Duval Street, Jacksonville, Florida.**

TAX COLLECTOR

Please process a \$10.00 payment for one (1) **APPLICATION FOR VARIANCE FROM REQUIREMENTS OF CODE.** Funds are to be processed as follows:

Transaction Code:	PW – Miscellaneous Fees & Charges	Total	<u>\$10.00</u>
	701 - PWBZ159AD – 36907		