

# APPLICATION FOR VARIANCE FROM EPB RULES

Application No.
Set for Public Hearing on:
Notice of Violation:

Please type or print this application in blue or black ink and submit *in person* or by agent with 2 additional copies to:

**Environmental Protection Board**  
**Attn: James Richardson**  
**Edward Ball Building**  
**214 N. Hogan Street, 5<sup>th</sup> Floor**  
**Jacksonville, Florida 32202**

FOR INFORMATION REGARDING THIS FORM. CALL: (904) 255-7100

## THIS SECTION FOR OFFICE USE ONLY

1. Date Submitted:	2. Date Returned:	3. Date Approved:	4. Permit Required:	5. Applicable Section of EPB Rule:

## TO BE COMPLETED BY APPLICANT

<b>Application Fee:</b> Please submit a <b>\$2,788.00</b> application fee. Checks should be made payable to the Tax Collector.																	
6. Location for which Variance is being sought:  _____	7. Cross streets bracketing area:  _____																
8. Proximity of site to nearest residential neighborhoods:  <table border="0"> <tr> <td><u>Name of subdivision, apt., etc.</u></td> <td><u>Distance (miles)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Name of subdivision, apt., etc.</u>	<u>Distance (miles)</u>	_____	_____	_____	_____	_____	_____	9. Proximity of site to nearest schools:  <table border="0"> <tr> <td><u>Name of School</u></td> <td><u>Distance (miles)</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Name of School</u>	<u>Distance (miles)</u>	_____	_____	_____	_____	_____	_____
<u>Name of subdivision, apt., etc.</u>	<u>Distance (miles)</u>																
_____	_____																
_____	_____																
_____	_____																
<u>Name of School</u>	<u>Distance (miles)</u>																
_____	_____																
_____	_____																
_____	_____																
10. Has enforcement action commenced? Yes <input type="checkbox"/> No <input type="checkbox"/> (i.e. Notice to Correct, Warning Letter, Cease and Desist Citation or any other enforcement action)																	
11. Action or operation for which variance is being sought (check all that apply and indicate rule number):																	
<input type="checkbox"/> Air/Odor Pollution Rules	Rule 2. _____																
<input type="checkbox"/> Water Pollution Rules	Rule 3. _____																
<input type="checkbox"/> Noise Pollution Rules	Rule 4. _____																

**RULES OF THE ENVIRONMENTAL PROTECTION BOARD CAN BE FOUND AT:**  
[http://www.coj.net/departments/regulatory-compliance/environmental-quality/environmental-protection-board-\(1\)/epb-rules.aspx](http://www.coj.net/departments/regulatory-compliance/environmental-quality/environmental-protection-board-(1)/epb-rules.aspx)

**\* \* \* NOTICE TO OPERATOR/AGENT \* \* \***

Please provide detailed responses to each of the following pertaining to the standards and criteria contained in Sec. 360.111. You may attach separate sheets if necessary.

*(Please note that failure by the applicant to adequately substantiate the need for the variance and to respond to and meet the criteria set forth below may result in a denial of the application or a return of the application for additional information. Any activity that violates EPB Rules occurring during the time between submission of this application and the determination of completeness may be cited as a violation of EPB Rules. Safe harbor provisions will only apply if the application is deemed sufficient).*

(1) The law or rule, and sections thereof, from which a variance is sought.

---

---

---

---

(2) The facts which show that a variance should be granted because of one of the following reasons:

- (i) There is no practicable means known or available for the adequate control of the pollution involved. A variance granted under the authority of this subparagraph shall be limited to a period of sixty months.
- (ii) Compliance with the particular requirement or requirements from which a variance is sought will necessitate the taking of measures which, because of their extent or cost, must be spread over a considerable period of time. (A variance granted for this reason shall prescribe a timetable for the taking of the measures required. A variance granted under the authority of this subparagraph shall be limited to a period of sixty months).
- (iii) It is necessary to relieve or prevent hardship of a kind other than those provided in subparagraphs (i) and (ii). A variance granted under the authority of this subparagraph shall be limited to a period of twenty-four months.

---

---

---

---

---

---

---

---

(3) The period of time for which the variance is sought, including the reasons and facts in support thereof.

---

---

---

---

---

---

---

---

---

---

(4) The damage or harm resulting or which may result to the person requesting the variance from a compliance with the law or rule.

---

---

---

---

---

---

---

---

---

---

(5) The requirements which the person requesting the variance can meet and the date when the person can comply with these requirements.

---

---

---

---



(8) The economic or social impacts of granting or denying the variance.

---

---

---

---

---

---

---

---

---

---

**IMPORTANT NOTICE: THE GRANTING OF A VARIANCE HEREUNDER IS NOT A WAIVER OF ANY APPLICABLE STATE OR FEDERAL RULES AND DOES NOT PROVIDE PROTECTION FROM ENFORCEMENT OF ANY SUCH RULES.**

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND** the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including any attachments, is true and correct to the best of my knowledge.

**PLEASE PRINT:**

<b>NAME AND ADDRESS OF OWNER/APPLICANT:</b>	<b>NAME AND ADDRESS OF AUTHORIZED AGENT:</b>
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: ___ ZIP: _____	CITY: _____ STATE: ___ ZIP: _____
DAYTIME TELEPHONE: _____	DAYTIME TELEPHONE: _____
FAX NUMBER: _____	FAX NUMBER: _____
_____ SIGNATURE OF OWNER/APPLICANT	_____ SIGNATURE OF AUTHORIZED AGENT