

Docket No. \_\_\_\_\_ Date Filed \_\_\_\_\_, 20\_\_\_\_

APPLICATION MUST BE FILED BY THE 25<sup>TH</sup> DAY OF THE MONTH IN ORDER TO BE HEARD THE FOLLOWING MONTH. **BCAB MEETINGS ARE HELD SECOND THURSDAY OF EACH MONTH AT 4:00 P.M. IN THE MCCD HEARING ROOM #1002 ON THE 1<sup>ST</sup> FLOOR OF THE ED BALL BUILDING, 214 N. HOGAN STREET, JACKSONVILLE, FLORIDA 32202.**

**APPLICATION FOR VARIANCE FROM REQUIREMENTS OF CODE**

**APPLICATION TO OVERTURN DECISION OF BUILDING OFFICIAL**

(This application must be typewritten or printed)

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

- Building Code
- Plumbing Code
- Electrical Code
- Fire Code
- Mechanical Code
- Safety Code
- Gas Code
- Sanitary Code
- \_\_\_\_\_

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 or TO OVERTURN DECISION OF BUILDING OFFICIAL, the applicant:

- a) Must have the application reviewed by the Fire Marshall and the Building Official, located in Room 231 of the Ed Ball Building at 214 North Hogan Street, Jacksonville, Florida, and
- b) Must take the completed application and **this Payment Transmittal Page to the Tax Collector's window**, located in Room 213, Ed Ball Building at 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, and
- c) The applicant must submit payment receipt and completed application is then to be submitted to the **Municipal Code Compliance Division (Attn: April Maryland), located on the 7<sup>th</sup> floor of the Ed Ball Building** at 214 North Hogan Street, Jacksonville, Florida.

Hearings are held in the MCCD Hearing Room #1002 on the 1<sup>st</sup> floor of the Ed Ball Building at 214 North Hogan Street, Jacksonville, Florida, at 4pm on the 2<sup>nd</sup> Thursday of the month. Location is subject to change.

ATTN: TAX COLLECTOR OFFICE

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:	PD – Miscellaneous Fees & Charges 701 - PDBZ159AD – 36907	Total	<u>\$10.00</u>
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**Note: Contact April Maryland, Administrative Aide at 904-255-7013 with any questions.**