

**ADMINISTRATIVE VARIANCE APPLICATION**

**CITY OF PORT ST. LUCIE**  
Planning & Zoning Department  
121 SW Port ST. Lucie Blvd.  
Port St. Lucie, Florida 34984  
(772)871-5212 FAX: (772)871-5124

**FOR OFFICE USE ONLY**

Planning Dept \_\_\_\_\_  
Fee (Nonrefundable)\$ \_\_\_\_\_  
Receipt # \_\_\_\_\_

Refer to "Fee Schedule" for application fee. Make check payable to the "City of Port St. Lucie". Fee is nonrefundable. **Attach two copies of proof of ownership (e.g., warranty deed, affidavit), and a copy of recent survey.**

**PRIMARY CONTACT EMAIL ADDRESS:** \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**APPLICANT (IF OTHER THAN OWNER, ATTACH AUTHORIZATION TO ACT AS AGENT):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**SUBJECT PROPERTY:**

Legal Description: \_\_\_\_\_

Parcel I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Current zoning classification \_\_\_\_\_

Description of requested variance and applicable conditions/circumstances justifying request (continue on separate sheet, if necessary): Provide documentation that the attached variance criteria have been met.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Hand Print Name

\_\_\_\_\_  
Date

**NOTE:** Signature on this application acknowledges that a certificate of concurrency for adequate public facilities as needed to service this project has not yet been determined. Adequacy of public facility services is not guaranteed at this stage in the development review process. Adequacy for public facilities is determined through certification of concurrency and the issuance of final local development orders as may be necessary for this project to be determined based on the application material submitted.