

# APPLYING FOR A ZONING VARIANCE

#### **APPLICATION**

A Zoning Variance Petition and corresponding Advertising Compliance Package may be picked up at Weston City Hall, 17200 Royal Palm Boulevard, Weston; or Weston Planning & Zoning, c/o Calvin, Giordano & Associates, Inc., 1800 Eller Drive, Suite 600, Fort Lauderdale. Please contact City of Weston Planning and Zoning Administrator prior to filing the application at 954-921-7781.

### SUBMITTAL

- Refer to §124.80, §124.82 and Chapter 125 of the City of Weston Code of Ordinances at <a href="https://www.westonfl.org">www.westonfl.org</a>.
- Petitions shall be submitted to City of Weston Planning & Zoning, c/o Calvin, Giordano & Associates, Inc.

### CITY OF WESTON CITY HALL

17200 Royal Palm Boulevard Weston, Florida 33326 954-385-2000 954-385-2010/fax

### CITY OF WESTON PLANNING & ZONING DEPARTMENT

c/o Calvin, Giordano & Associates, Inc. 1800 Eller Drive, Suite 600 Fort Lauderdale, Florida 33316 954-921-7781 954-921-8807/fax



#### CITY OF WESTON, PLANNING AND ZONING DEPARTMENT

C/O CALVIN, GIORDANO & ASSOCIATES, INC. 1800 ELLER DRIVE, SUITE 600 FORT LAUDERDALE, FLORIDA 33316

## **PETITION FOR ZONING VARIANCE**

PURSUANT TO CODE OF ORDINANCES \$124.80, \$124.82 AND CHAPTER 125

The undersigned presents its Petition to the City Commission of the City of Weston, Florida for a Zoning Variance under the Zoning Regulations of the City of Weston as follows:

Section No	Zoning District	_
Lot No	Block No	Subdivision
Address		
Name of Petitioner		
3. Project Name		
4. Has a previous pet	ition been filed on this property?	If yes, give date of hearing and finding
5. Existing Land Use		Existing Zoning
Current Use of Site		
5. Explain how this pe	etition meets necessary criteria (refer to	§124.80(A). Use additional sheet, if necessary.
I/we certify on	day of	20, that the property is not subject to a pending code violation.
Petitioner's Signature		Owner's Signature (required)
Print Petitioner's Nar	me	Print Owner's Name
Address		Address
City, State, Zip		City, State, Zip
Phone		Phone
		Fax
	DEPART	MENT USE ONLY
Date Received		Fee Paid
Agenda		Receipt No.