



**Planning, Zoning & Building Department**  
**501 Bay Isles Road**  
**Longboat Key, Florida 34228**  
**Fax Number: (941) 373-7938**  
**Web: <http://www.longboatkey.org>**

**(941) 316-1966**

## **PETITION FOR DAYLIGHT PLANE WAIVER**

Date Filed \_\_\_\_\_ Receipt # (\$390.00) \_\_\_\_\_ Petition No. \_\_\_\_\_

**THE APPLICANT IS REQUIRED TO SUBMIT SEVENTEEN (17) (ORIGINAL PLUS SIXTEEN (16) COPIES) INDIVIDUAL, COLLATED SETS OF THIS APPLICATION, SUPPORTING PLANS AND DOCUMENTS.**

( I ) ( We ) \_\_\_\_\_ of \_\_\_\_\_  
(name) (mailing address)

\_\_\_\_\_ request a Waiver from the Daylight Plane regulations  
in accordance with Town Code Section 158.26 (F)(3) of the Town of Longboat Key Zoning Ordinance to increase  
the required \_\_\_\_\_ degree Daylight Plane angle to \_\_\_\_\_ degrees.

Subject property is located at \_\_\_\_\_  
(street number location)

The legal description is as follows: \_\_\_\_\_,  
(Lot(s) ) (Block) (Subdivision or Plat)

or \_\_\_\_\_  
(if otherwise legally described)

LIST OF NAMES AND ADDRESSES OF ALL OWNERS OF PROPERTY WITHIN A DISTANCE OF 500 FT. FROM THE OUTSIDE EDGES OF THE PROPERTY INVOLVED WILL BE PROVIDED BY THE TOWN.

( I ) ( WE ) believe that the Zoning Board of Adjustment should grant this petition pursuant to Section 158.026 of the Town Code because the following criteria are factually supported by this petition:

- (1) The proposed does not adversely impact the view of neighbors and the neighborhood.
- (2) The lot upon which the structure is proposed is unique in its configuration.
- (3) Special circumstances or conditions are effecting the property such that the strict application of the Daylight Plane requirements inordinately burden the property owner and deprives the property owner of a reasonable design for the building as it relates to its environs.

STATE SEPARATELY HOW EACH OF THE ABOVE THREE (3) CRITERIA ARE FACTUALLY PRESENT IN YOUR WAIVER REQUEST:

---

---

---

---

---

---

---

---

---

---

(ATTACH EXTRA SHEET, IF NECESSARY)

( I ) ( WE ) understand that this Petition becomes a part of the permanent records of the Zoning Board of Adjustment. ( I ) ( WE) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herein are true to the best of (my) (our) knowledge and belief.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Please print or type Owner's Name)

\_\_\_\_\_  
Mailing address you wish information sent to and telephone number:

---

---

---

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

\_\_\_\_\_  
The Owner has hereby designated the above signed person to act as his agent in regard to this Petition. (To be executed when Owner designates another to act on his behalf.)

\_\_\_\_\_  
Print or Type Agent Name

**Notarization of Agent's Signature:**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority) (name of party acting on behalf of)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name of Notary (print, typed or stamped)

Personally know \_\_\_\_ OR produced identification \_\_\_\_ Type of Identification \_\_\_\_\_