



Planning, Zoning & Building Department (941) 316-1966
501 Bay Isles Road
Longboat Key, Florida 34228
Fax Number: (941) 373-7938
Web: <http://www.longboatkey.org>

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:

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

Phone # _____

Fax # _____

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 _____