**APPLICATION FOR LANDSCAPE IRRIGATION SCHEDULE VARIANCE**

**FROM CHAPTER 366 JACKSONVILLE ORDINANCE CODE**

Please type or print this application in blue or black ink and submit with 2 additional copies to:

Jacksonville Environmental Protection Board

Attn: James Richardson

Edward Ball Building

214 N. Hogan Street – 5th Floor

Jacksonville, Florida 32202

FOR INFORMATION REGARDING THIS FORM CALL: **(904) 255-7100**

**TO BE COMPLETED BY APPLICANT/PROPERTY OWNER**

**\* \* \* NOTICE TO Applicant/Property Owner \* \* \***

Please provide detailed responses to each of the following pertaining to the standards and criteria contained in Sec. 366.506, Ordinance Code. You may attach separate sheets if necessary.

***(Please note that failure by the applicant to adequately substantiate the need for the variance and to respond to and meet applicable criteria may result in a denial of the application or a return of the application for additional information. Any activity that violates the Jacksonville Ordinance Code occurring during the time between submission of this application and the determination of completeness may be cited as a violation of the Jacksonville Ordinance Code.)***

**Application Fee:** Please submit a **$148.00** application fee. Checks should be made payable to the Tax Collector.

1. Applicant/Property Owner Name, Street Address and Real Estate No. for which Landscape Irrigation Schedule Variance from specific day of the week limitation is being sought:

Real Estate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Cross streets bracketing area:
2. Type of landscape irrigation variance being sought (check all that apply):

|  |  |
| --- | --- |
| Day or Days of Week | Multiple Zones |
| (Continue to Question 4) | (Skip to Question 5) |

1. List the specific day(s) for which the landscape irrigation variance is sought:
2. Where a contiguous property is divided into different zones, indicate a specific day or days wherein each zone may be irrigated on different days than other zones of the property. **Please note that no single zone may be irrigated more than one hour for 2 days a week when Daylight Savings Time is in effect, and for no more than 1 day per week when Eastern Standard Time is in effect.**
3. The facts which demonstrate with particularity that a landscape irrigation variance should be granted because compliance with the schedule of days for landscape irrigation will result in (choose and provide specifics):
   1. A substantial economic hardship

* 1. A health or medical hardship
  2. Any other hardship

**SIGNATURE PAGE**

**IMPORTANT NOTICE: THE GRANTING OF A LANDSCAPE IRRIGATION SCHEDULE VARIANCE HEREUNDER IS NOT A WAIVER OF ANY APPLICABLE STATE OR FEDERAL RULES AND DOES NOT PROVIDE PROTECTION FROM ENFORCEMENT OF ANY SUCH RULES.**

**THE APPLICATION MUST BE SIGNED BY THE PROPERTY OWNER. A COMPLETED AGENT’S LETTER OF AUTHORIZATION MUST BE ATTACHED IF THE APPLICATION IS NOT SIGNED BY THE PROPERTY OWNER OF RECORD**

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND** the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including any attachments, is true and correct to the best of my knowledge.

|  |  |
| --- | --- |
| **Name and Address of Applicant/**  **PROPERTY OWNER:**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_  Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF OWNER/APPLICANT** | **Name and Address of Authorized Agent:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_  Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIGNATURE OF AUTHORIZED AGENT**  **the Agent’s letter of authorization shall be attached if the application is not signed by the property owner of record** |

**Agent Authorization**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Environmental Protection Board**

**Attn: James Richardson**

**Edward Ball Building**

**214 N. Hogan Street, 5th Floor**

**Jacksonville, Florida 32202**

Re: Agent Authorization for the following site location:

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

You are hereby advised that the undersigned is the owner of the property described in

**Exhibit 1 (Please include a legal description)** attached hereto. Said owner hereby authorizes and empowers

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to act as agent to file application(s) for Landscape Irrigation Schedule Variance for the above referenced property and in connection with such authorization to file such applications, fees, papers, documents, requests and other matters necessary for such requested variance.

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

(Owner’s Signature)

**STATE OF FLORIDA**

**COUNTY OF DUVAL**

The foregoing affidavit was sworn and subscribed before me this \_\_\_\_\_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month), \_\_\_\_\_\_\_\_ (year) by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known to me or has

produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

(Notary Signature)