

Docket No. _____ Date Filed _____, 20____

APPLICATION MUST BE FILED BY THE 25TH DAY OF THE MONTH IN ORDER TO BE HEARD THE FOLLOWING MONTH. **BCAB MEETINGS ARE HELD SECOND THURSDAY OF EACH MONTH AT 4:00 P.M. IN THE MCCD HEARING ROOM #1002 ON THE 1ST FLOOR OF THE ED BALL BUILDING, 214 N. HOGAN STREET, JACKSONVILLE, FLORIDA 32202.**

APPLICATION FOR VARIANCE FROM REQUIREMENTS OF CODE

APPLICATION TO OVERTURN DECISION OF BUILDING OFFICIAL

(This application must be typewritten or printed)

TO: **THE BUILDING CODES ADJUSTMENT BOARD OF THE CITY OF JACKSONVILLE, FLORIDA**

The undersigned hereby applies for a Variance as follows:

1. Variance is sought from the provisions of the

- Building Code
- Plumbing Code
- Electrical Code
- Fire Code
- Mechanical Code
- Safety Code
- Gas Code
- Sanitary Code
- _____

REVIEWED BY FIRE MARSHALL:

Date: _____

Name: _____

Signature: _____

REVIEWED BY BUILDING OFFICIAL:

Date: _____

Name: _____

Signature: _____

2. Location of Building or Structure: On _____ side of

(Number) (Street)

between _____ and _____
(Number) (Street)

3. Owner as shown in the public records of Duval County:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

4. Section of Code from which Variance is sought: _____

5. Reason Variance is being sought _____

6. Describe Variance requested: _____

7. Supporting data which should be considered by the Board: _____

8. What is applicant's interest in this Variance? _____

In filing this application for Variance, the undersigned understands it becomes a part of the official records of the Building Codes Adjustment Board and does hereby certify that all information contained herein is true to the best of his/her knowledge.

OWNER:

AGENT:

Name: _____ (Print) Name: _____ (Print)

Signature: _____ Signature: _____

Address _____ (Print) Address: _____ (Print)

City: _____ City: _____

State: _____ Zip: _____ State: _____

Telephone: _____ Telephone: _____

APPLICATION PAYMENT PROCEDURES
PAYMENT TRANSMITTAL PAGE

Upon completion of the APPLICATION FOR VARIANCE FROM REQUIREMENTS OF CODE or TO OVERTURN DECISION OF BUILDING OFFICIAL, the applicant:

- a) Must have the application reviewed by the Fire Marshall and the Building Official, located in Room 231 of the Ed Ball Building at 214 North Hogan Street, Jacksonville, Florida, and
- b) Must take the completed application and **this Payment Transmittal Page to the Tax Collector's window**, located in Room 213, Ed Ball Building at 214 N. Hogan St., Jacksonville, Florida. A payment of \$10.00 is required. Checks should be made to the City of Jacksonville. A receipt for payment will be given to the applicant, and
- c) The applicant must submit payment receipt and completed application is then to be submitted to the **Municipal Code Compliance Division (Attn: April Maryland), located on the 7th floor of the Ed Ball Building** at 214 North Hogan Street, Jacksonville, Florida.

Hearings are held in the MCCD Hearing Room #1002 on the 1st floor of the Ed Ball Building at 214 North Hogan Street, Jacksonville, Florida, at 4pm on the 2nd Thursday of the month. Location is subject to change.

ATTN: TAX COLLECTOR OFFICE

Please process a \$10.00 payment for one (1) **APPLICATION FOR VARIANCE FROM REQUIREMENTS OF CODE**. Funds are to be processed as follows:

Transaction Code:	PD – Miscellaneous Fees & Charges 701 - PDBZ159AD – 36907	Total	<u> \$10.00 </u>
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Note: Contact April Maryland, Administrative Aide at 904-255-7013 with any questions.