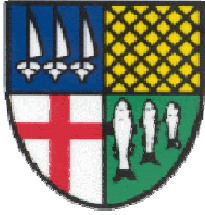


Town of Windermere



TOWN OF WINDERMERE VARIANCE REQUEST

Checklist:

1. Contact Brad Cornelius with Wade Trim for a Pre-Application meeting. (See contact information below).
2. Provide Owner's Agent Affidavit of Authorization if using an agent.
3. Provide Letter Describing Variance Request addressed to the Town Clerk (See below). The letter of request should explain what the variance is for and why it is needed. If applicable please provide photographs.
4. Submit Survey and/or Site Plan to scale (depending on the type of variance). A topographic survey map maybe required.
5. Application Fee: \$50.00 Made Payable to the Town of Windermere
6. Application Review Deposit: \$1,000.00 Made Payable to the Town of Windermere*
7. Mail Notification Deposit: \$300 Made Payable to the Town of Windermere*

Procedure:

1. Submit (3) three copies of required information to Wade Trim.
2. Public hearing notices will be mailed to property owners within 500 feet of the property by certified mail, including a self addressed stamped envelope for their reply. Property owner/applicant will be billed for postage.
3. Upon Zoning Review, applicant's request will be placed on the Development Review Board agenda and will go to Town Council for final approval.
4. Applicant must attend the Development Review Board (DRB) meeting, held the 3rd Tuesday of the month.
5. The DRB will make recommendation to the Town Council to review at their regular meeting date on the 2nd Tuesday of the following month. Applicant must attend the Town Council meeting.

DOROTHY BURKHALTER, TOWN CLERK
TOWN OF WINDERMERE
WINDERMERE, FL 34786
(407) 876-2563

For More Information/Questions Contact:
BRAD CORNELIUS, AICP, WADE TRIM, INC.
(888) 499-9624 or tow@wadetrim.com

**This amount does not include development or building permitting fees. Any remaining funds will be repaid to the applicant.*

AGENT AUTHORIZATION FORM

I/WE, (PRINT PROPERTY OWNER NAME) _____, AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, _____, DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), _____, TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, _____, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.

Date: _____

 Signature of Property Owner Print Name Property Owner

Date: _____

 Signature of Property Owner Print Name Property Owner

STATE OF FLORIDA :
 COUNTY OF _____ :

I certify that the foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the ____ day of _____, in the year _____.

(Notary Seal)

 Signature of Notary Public
 Notary Public for the State of Florida

My Commission Expires: _____

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #:
LEGAL DESCRIPTION: