



VARIANCE APPLICATION

Application Number: _____

Date: _____

Variance – Schedule of Fees and Charges

| | |
|----------------|------------------------|
| Residential | \$500.00* |
| Commercial | |
| Sign Variances | \$450.00* |
| | *Plus Advertising Cost |

* Advertising Cost is to pay for the legal advertisement required by Florida Statute in the local newspaper as well as notice to the surrounding property owners. These advertising requirements are performed by the City Clerk and the property owner will be billed separately by that department subsequent to advertising.

Name of Owner: TATIANA H. TOUMBEVA
Mailing Address: 1093 FOGGY BROOK PL, LONGWOOD, FL 32750
Telephone: 813-748-3362 Fax: _____
E-mail Address: ttoumbeva@gmail.com

Name of Applicant: TATIANA H. TOUMBEVA
Mailing Address: 1093 FOGGY BROOK PL, LONGWOOD, FL 32750
Telephone: 813-748-3362 Fax: _____
E-mail Address: ttoumbeva@gmail.com

NOTE: Please fill out the Authorized Agent Affidavit if the variance is being applied for by someone other than the property owner.

GENERAL INFORMATION:

General Location: TEMPLE TERRACE

Property's Street Address(es): 1119 W RIVER DR. TEMPLE TERRACE, FL 33617, LOT #21
1117 W RIVER DR. TEMPLE TERRACE FL 33617 Lot #20

Acreage/Size of Property: _____

Previous Variances Approved, if any: _____

Please indicate that the following information is included in the application package:

- Executed Variance Application
- Application Filing Fee
- Copy of Deed showing current owners of record
- Electronic Copy of Legal Description - Must be submitted in Microsoft Word format
- Survey or Plat - Identify the specific location on the property where the variance is being requested
- Justification Letter - written description of the purpose of the request

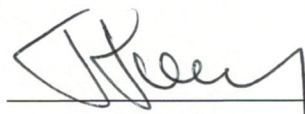
SIGNATURE OF APPLICANT/OWNER:

I hereby certify that I am (we are) owner(s) of record of the above described property or I (we) have written permission from the owner(s) of record (copy of authorized agent affidavit attached) to request this action. I hereby certify that the information submitted on this application is true and correct to the best of my knowledge at the time of application.

APPLICANT NAME & TITLE: TATIANA H. TOUNBEVA

ADDRESS: 1093 FOGGY BROOK PL

CITY/ST/ZIP: LONGWOOD, FL, 32750



03.02.2024

SIGNATURE OF APPLICANT/OWNER

DATE

NOTE: All persons having a legal or equitable ownership interest in the property must sign the application. Publicly held corporations must provide the name and address of the corporation and principal executive officers.

ALL OF THE ABOVE INFORMATIONAL ITEMS ARE REQUIRED TO MOVE FORWARD