

FILL OUT COMPLETELY

Date Submitted 2/27/2025

CITY OF WAUCHULA

_____ SPECIAL EXCEPTION x VARIANCE _____ ANNEXATION
_____ RE-ZONE _____ FUTURE LAND USE AMENDMENT
_____ SUBDIVISION PLAT _____ ALLEY CLOSURE

A SITE PLAN, TO SCALE, IS NEEDED FOR ALL REQUESTS.
A METES AND BOUNDS SURVEY IS NEEDED FOR AN ANNEXATION.
IF YOU LIVE IN A DEED RESTRICTED COMMUNITY, YOU MUST
PROVIDE A COPY OF THE DEED RESTRICTIONS.

Applicant: BHL FEDERAL

Address of request: 314 S 10TH AVE WAUCHULA 33873

Mailing address: 3036 TAMIAMI TRL UNIT A PORT CHARLOTTE FL 33952

Daytime Telephone: 804-317-6381

Owner's Name & Address (as shown on property records):

_____ Check, if same as above.

If different: Name: AERIAL KAYE POLK

Mailing Address: 314 S 10TH AVE WAUCHULA 33873

Daytime Telephone: 863-445-1374

NOTE : **IF THE APPLICANT IS NOT THE OWNER OF THE ABOVE PROPERTY,**
WRITTEN CONSENT BY THE OWNER MUST BE SUPPLIED BY THE
APPLICANT AT THE TIME OF SUBMITTAL TO THE CITY'S PLANNING
AND ZONING DEPARTMENT. ALL REQUESTS MAY ONLY BE
INITIATED BY THE CURRENT PROPERTY OWNER.

Legal description: See attached property card

Current Zoning RESIDENTIAL Future Land Use RESIDENTIAL

Size of Parcel: 0.291 ACREAGE

Current Improvements: (Buildings, etc. on property) NEW CONSTRUCTION OF SINGLE FAMILY HOME

Reason for request: Had to move the house away from a bamboo group to prevent roots from damaging the slab foundation

If Annexation and/or Re-Zone:

Current County Zoning Classification _____

City Zoning Classification and Future Land Use classification sought: _____

What property usage is to the North: _____, South: _____,

East: _____ and West: _____ of your property (example: residence)?

Number of residences on parcel(s) (Existing and/or proposed): _____

Population of parcel(s): _____

*******FOR SPECIAL EXCEPTION REQUESTS ONLY*******

Square footage to be used for the activity: _____

Proposed Hours: _____

Associated Noise: _____

Materials stored on premises: _____

Traffic caused by activity: _____

Number of off-street parking spaces: _____

Have you filed any previous applications? NO

If yes, please describe request and give date of application: _____

I have read and understand the requirements of the application and agree to pay all costs of the process.
The typical total cost is between \$150.00 and \$300.00.

Signature(s): STW Date: 2/27/2025

Print Name(s): Stephen Weirup

Signature of applicant(s): _____ Date: _____

Print Name(s): _____

FOR OFFICE USE ONLY

___ Application _____

___ Ad _____

___ Copies _____ (.15 ea single sided)
(.20 ea double sided)

___ Postage _____

Total Due _____