

PUBLIC SECTOR LINEAR INFRASTRUCTURE VARIANCE APPLICATION

1.	Property Owner's Name:					
	Mailing Address:					
		City		State	Zip	
	Telephone #:		FAX #:			
	E-Mail Address:					
2.	Applicant's (Optionee) Name:					
	Mailing Address:					
		City		State	Zip	
	Telephone #:		FAX #:		<u>'</u>	
	E-Mail Address:			70	7	
3.	Agent's Name:			()		
	Mailing Address:					
		City	-	State	Zip	
	Telephone #:		FAX #:			
	E-Mail Address:		P			
4.	Other Contact Name:					
	Mailing Address:	-				
		Sity		State	Zip	
	Telephone #:	<u>/ </u>	FAX #:			
	E-Mail Address:					
5.	Parcel Identification Number:					
6.	Project Name:					
7.	Amount of Development Activity:	Less than of More than	or equal to 2 acres 2 acres			
8.	Describe the request and the need for the	e variance:				

Growth Management Department | Land Use & Environmental Services Division | Phone: (850) 891-7001, option 4 | Fax: (850) 891-7184 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street, Box B 28, Tallahassee, FL 32301

9.	Describe the impacts to environmental features:
10.	Describe other alternatives and why they are not feasible: (There are always alternatives, although it is recognized that financial impracticality may completely invalidate the project, alternatives need to be addressed.)
11,	Describe the mitigation proposed:
12.	Provide a cost/benefit analysis: (The analysis must assess the negative impact the environmental features versus the positive impacts of the mitigation offered. In addition, the applicant should identify all other related benefits associated with the proposed project.)