

## **SECTION 25.0 ADMINISTRATIVE REVIEW AND WAIVER LAND DEVELOPMENT CODE**

### **Section 25.01 Introduction**

The St. Johns County Land Development Code allows Administrative Waivers for certain code requirements where compliance is not feasible or practical. An applicant may submit for an Administrative Waiver using the forms contained in this Section.

### **Section 25.02 General Information**

A. Applications for Administrative Waivers should be submitted to:

Development Review  
4040 Lewis Speedway  
St. Augustine, FL 32084

For Additional Information:

Zoning Setback Waiver	Phone: (904) 209-0675
	E-mail: <a href="mailto:plandept@sjcfl.us">plandept@sjcfl.us</a>
Sidewalk Waiver	Phone: (904) 209-0675
	E-mail: <a href="mailto:gmdevelopment@sjcfl.us">gmdevelopment@sjcfl.us</a>

B. [Review Fee](#) for an Administrative Waiver

### **Section 25.03 Application Process**

A. Zoning Setback Waiver

If an error is discovered in the location of a Building or Structure relative to the minimum Yard requirements contained in Section 6.01.03 Lot Width Area and Yard Requirements in the Land Development Code a waiver may be granted conditional that the application shall meet with the following criteria:

1. Approval of waiver shall not allow the structure to exceed the required yard setback more than ten (10) percent.
2. The corresponding opposite yard must be larger than requested by the same distance as the waiver request (to insure that the waiver is not just an attempt to place a larger building on the lot) or the waiver request an intrusion of only a small corner of the building (such as a house too close to the front of a cul-de-sac lot such that it violates the side yard requirements at the front corner but nowhere else).
3. The following documents/information must be provided to process your Application.
  - a. Complete application form and filing fee.

- b. Submit evidence the waiver is requested pursuant to an error in location of a building or structure relative to minimum *yard* requirements.

**B. Sidewalk Waiver**

1. Whenever sidewalks are required by Section 6.02.06.B.1.b Sidewalks of the Land Development Code, an application for an Administrative Waiver may be submitted as required by Section 6.04.07.H of the Land Development Code. The Administrative Waiver request may be approved based upon one or more of the following criteria:
  - a. Installation of a sidewalk is technically infeasible due to site features or conditions (i.e. Includes exceptional topographical conditions, environmental or wetland impacts, or unique site conditions).
  - b. Installation of sidewalk is impractical due to a funded County Capital Improvement Program or other funded agency five year work program projects that would cause the sidewalk to be removed,
  - c. Installation of a sidewalk is included in the funded County Capital Improvement Program or other agency 5 year work program.
  - d. Extraordinary reasons reviewed on a case-by-case basis. Lack of connection to an existing sidewalk is not in of itself justification for a waiver. Extraordinary distances can be reviewed on a case by case basis.
2. The following documents/information must be provided to process your Application.
  - a. Complete application form and filing fee.
  - b. Submit evidence such as maps, charts and reports that adequately describe why the required sidewalk cannot be installed. Information must be based upon the determination of a Professional Engineer.
3. If the waiver request is approved payment into the sidewalk fund is required at the unit price established by the County Administrator. Relief from the payment can only be approved by the Board of County Commissioners

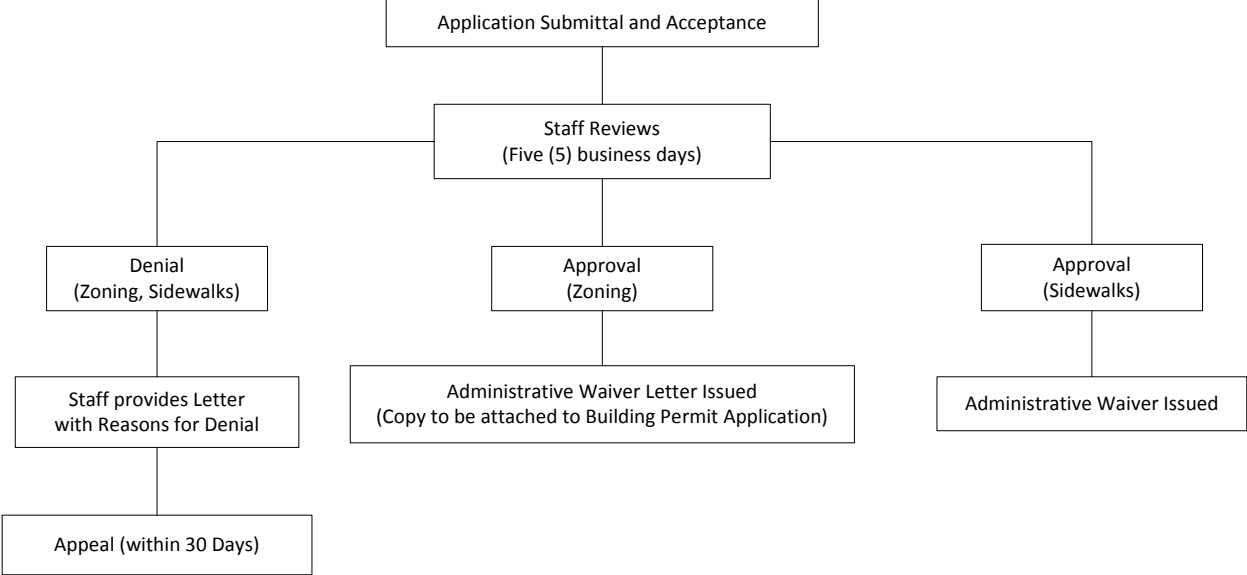
**Section 25.04 Review/Approval Process**

- A. Application package is submitted and reviewed for completeness and fee is processed.
- B. Application is routed to reviewing departments; departments have 5 working days to review and provide comments.
- C. Reviewing department comments are compiled and one of the following will occur:
  1. The comment report is provided to the applicant or his/her representative for additional information or specific comments to be addressed. Comments should

be addressed in a resubmittal. Resubmittals are routed to the appropriate reviewing departments for 5 working days.

2. Applicant is notified the application is complete and either an approval letter is issued or a letter with reasons for denial.

St. Johns County  
Procedures for Administrative Waiver





# St. Johns County Development Review Application for Administrative Waiver

Date:

Applicant

Phone Number

Address

Fax Number

City

State

Zip Code

e-mail

Legal Description of Property or  
Strap Number

Requested Waiver *(Please explain in detail)*

*Attach additional sheets as necessary.*

Applicant's Signature \_\_\_\_\_

Please list any applications currently under review or recently approved which may assist in the review of this application including the name of the PUD/PRD:



Owner's Authorization Form

\_\_\_\_\_ is hereby authorized TO ACT ON BEHALF OF

\_\_\_\_\_ the owners(s) of those lands described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, in applying to St. Johns County, Florida, for an application related to a development Permit or other action pursuant to a: application for:

\_\_\_\_\_

By signing, I affirm that all legal owners(s), as listed on the Recorded Warranty Deed on file with the St. Johns County Clerk of Courts or otherwise stated ( \_\_\_\_\_ ), have been notified of the \_\_\_\_\_  
*(Identify what document)*

I further understand incomplete or false information provided on this form may lead to revocation of permits, termination of development activity.

Signature of Owner

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature of Owner

\_\_\_\_\_

Print Name

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_

Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_

Type of Identification Produced \_\_\_\_\_  
Revised August 30, 2011