



TOWN OF HILLIARD
SPECIAL EXCPETION APPLICATION
15859 W CR 108 Hilliard, FL 32046
Phone: 904-845-3555 | cs@townofhilliard.com

For Staff Only

File #: _____

Application Fee: \$ _____

Payment Processed By:

Special Exception Application

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel Number(s): _____
4. Existing Use of Property: _____
5. Future Land Use Map Designation: _____
6. Zoning Designation: _____
7. Acreage: _____

B. APPLICANT

1. Applicant's Status: Owner (title holder) Agent
2. Name of Applicant(s) or Contact Person(s): _____ Title: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (_____) _____ E-mail: _____
3. If the applicant is agent for the property owner*
Name of Owner (titleholder): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: (_____) _____ E-mail: _____

*** Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.**



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C. Statement of Special Exception

1. Requested Special Exception: _____
2. Section of Land Development Regulations under which the Special Exception is sought: _____
3. Reason Special Exception is requested: _____
4. Statement of Facts for Requested Special Exception (Use Additional pages if necessary) _____

Please answer the following questions to the best of your ability. These facts will be used by the staff to make a recommendation and the Planning and Zoning Board in making their decision.

a) Is this exception in compliance with all elements of the Comprehensive Plan?

b) Is the establishment, maintenance or operation of the special exception detrimental to or endanger the public health, safety or general welfare, or contrary to established standards, regulations or ordinances of other governmental agencies? _____

c) Is the structure or improvement so designed and constructed that it is not unsightly, undesirable or obnoxious in appearance to the extent that it will hinder the orderly and harmonious development of Hilliard and zoning district in which it is proposed? _____

d) Will the special exception adversely impact the permitted use in the zoning district or unduly restrict the enjoyment of the other property in the immediate vicinity nor substantially diminish or impair property values within the area? _____

e) Will the establishment of the special exception impede the orderly development and improvement of the surrounding property for uses permitted in the zoning district? _____

f) Are adequate water and sewage disposal facilities provided? _____



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g) Are access roads adequate, on-site parking, on-site loading and loading berths, and drainage have been or will be provided where required? _____

h) Have adequate measures been taken to provide ingress and egress to the property and design in a manner to minimize traffic congestion on local roads? _____

i) Is adequate screening and buffering signs of the special exception provided, if needed?? _____

j) Will the special exception require signs or exterior lighting, which will cause glare, adversely impact area traffic safety or have a negative economic effect on the area? Any signs or exterior lighting required by the special exception shall be compatible with development in the zoning district? _____

k) Will the special exception conform to all applicable regulations of the zoning district in which it is proposed? _____

D. Attachments (One hard copy or one copy in PDF format)

1. Copy of Warranty Deed or other proof of ownership
2. Legal description
3. Site Plan

E. Fees

1. Residential & Non-Residential Property - \$750.00
 - i. The Cost of postage, signs, advertisements, and outside consultants are in addition to the application fee.
 - ii. The applicant is responsible to pay the cost of the advertisement and signs.
 - iii. All applications must pay the cost of any outside consultants' fees.

The Applicant is responsible for paying a \$1,000.00 deposit at the time of submittal.



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No application shall be accepted for processing until the required application fee is paid in full.

All attachments are required for a complete application. A completeness review of the application will be conducted within ten (10) business days of receipt. If the application is determined to be incomplete, the applicant will be required to provide the needed documents prior to approval of work. Work prior to approval will result in a Code Enforcement Violation.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____

County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20_____, by _____
_____, who is/are personally known to me, or who has/have produced _____ as
identification.

NOTARY SEAL

Signature of Notary Public, State of _____