



Nassau County Engineering Services  
96161 Nassau Place  
Yulee, FL 32097

Robert T. Companion, PE  
County Engineer

**APPLICATION FOR  
A VARIANCE**

**Official Use Only**

Application #: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

**1. Parcel Identification Number (18-digit number)**

30-2N-28-0151-0003-0000

**2. Driving Instructions:** Take Amelia Concourse turn it on to

Daisy Ln then turn left on Amoryllis

**3. Name and Address of the Owner as shown in the public records of Nassau County:**

Matthew Hare  
85443 Amoryllis Ct.  
Fern. Bch, FL.

**Name and Address of the Applicant / Authorized Agent (if different than Owner):**

Sloan's Concrete (Joel Sloan)  
31326 Knight Rd.  
Hilliard, FL 32046

**(PLEASE NOTE:** If applicant is not the owner, this application must be accompanied by completed Owner's Authorization for Agent form.)

**4. Variance Sought:**

Customer Matt Hare would like to have his driveway  
widened for access to garage. He has a three car  
garage.

**5. Variance Justification (requirements in the "Definition of Variance" on Instructions Page):**

To help prevent parking in the right of way.

6. Supporting information which is considered by the Development Review Committee:

- ☒ Detailed Site Plan  
☐ Copy of Recorded Deed  
☐ Any additional data

7. Has any application been submitted within the last two (2) years for a Roadway and Drainage Variance of any portion of the subject property included in this application? NO

If so, give details of such application and approval or denial decision.

8. Is this parcel subject to deed restrictions enforced by a homeowner's association? \_\_\_\_\_

If so, please provide written HOA approval of work.

*In filing this application for a Variance, the undersigned understands it becomes a part of the official records of the Development Review Committee and does hereby certify that all information contained herein is true to the best of his/her knowledge.*

Signature of Owner: \_\_\_\_\_

Signature of Authorized Agent: Joel Sloan

(if different than Owner)

Owner's mailing address: 85443 Amoryllis Ct

Telephone: 843-991-1853

Email: mdharc 83@gmail.com

Joel Sloan  
904-803-7993

NOTE: If prepared or signed by an agent, a notarized Owner's Authorization for Agent form must be provided.



Nassau County Engineering Services Department  
96161 Nassau Place  
Yulee, Florida 32097  
(904) 530-6225

## Owner's Agent Authorization

Sloan's Concrete / Joel Sloan hereby authorized TO ACT ON BEHALF OF

MATTHEW HARE

, the owner(s) or agent(s) of the organizational ownership named below of the property described within the attached application, and as described in the attached deed or other proof of ownership as may be required, in applying to Nassau County, Florida, for an application related to a right-of-way permit or other action pursuant to a:

<input type="checkbox"/> Rezoning/Modification	<input type="checkbox"/> Special Use Permit
<input type="checkbox"/> Zoning Variance	<input type="checkbox"/> Non-Zoning Variance
<input type="checkbox"/> Appeal	<input type="checkbox"/> Overlay District Review
<input type="checkbox"/> Concurrency Application	<input type="checkbox"/> Borrow Pit
<input type="checkbox"/> Construction (DRC)	<input checked="" type="checkbox"/> Right of Way / Driveway
<input type="checkbox"/> Review of Development Plans	<input type="checkbox"/> Other

In making representations to Nassau County related to the application, I attest the application is made in good faith and that my information contained herein is accurate and complete to the best of my knowledge and belief. I further attest that I am the owner of subject property or otherwise duly authorized to act in that capacity.

BY:

[Signature]

Signature of Owner(s)

MATTHEW HARE

Print Name(s)

Signature of Owner(s)

85443 AMARYLLIS CT

FERNANDINA BEACH FL 32034

Address

Telephone: 843 991 1853

Fax: \_\_\_\_\_

Print Name(s)

Name of Organization (If Applicable)

State of FLORIDA

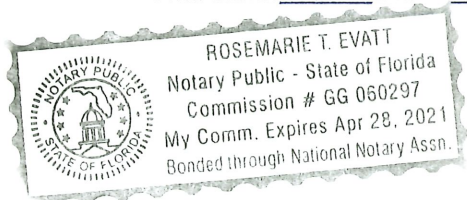
County of NASSAU

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this Apr. 14, 2021 (date) by MATTHEW DANIEL (name of person acknowledging) HARE, who is personally known to me or who has produced DRIVER (type of identification) LICENSE as identification.

Sworn to and subscribed before me this 14<sup>th</sup> day of April 2021

Identification Presented: DRIVER LICENSE

Oath taken: ☒ Yes ☐ No

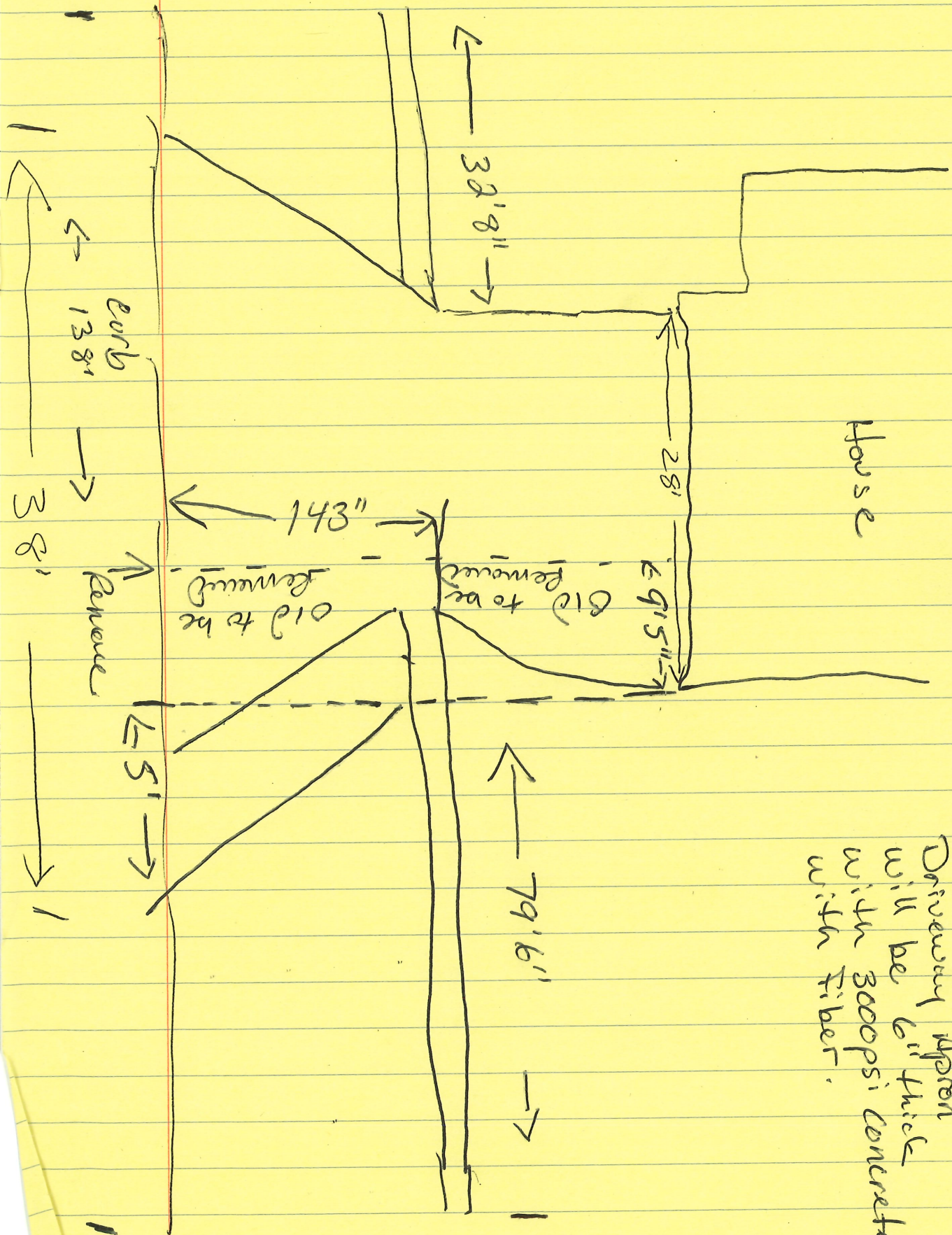


Rosemarie T. Evatt  
Notary Signature

My commission expires: 04-28-2021

Concrete will be a 3000psi w/Fiber

Driveway Apron  
will be 6" thick  
with 3000 psi concrete  
with Fiber.



PAYMENT SUMMARY RECEIPT

BOARD OF COMMISSIONERS  
76347 VETERANS WAY  
SUITE 1010  
YULEE FL 32097

DATE: 05/04/21 CUSTOMER#: 000000000  
TIME: 08:22  
CLERK: 6235blid

RECPT#: 1846564 PREV BAL:  
TP/YR: MS/2021 AMT PAID: 267.00  
BILL: ADJSTMNT:  
EFF DT: 05/04/21 BAL DUE:  
MISCELLANEOUS PAYMENT

-----TOTALS-----

PRINCIPAL PAID: 267.00  
INTEREST PAID: .00  
ADJUSTMENTS: .00  
DISC TAKEN: .00

AMT TENDERED: 267.00  
AMT APPLIED: 267.00  
CHANGE: .00

PAID BY: Sloan Concrete-85443  
PAYMENT METH: CHECK  
PAYMENT REF: 1046