

MICROFILMING INFORMATION SHEET

TO: LASON
4920 West Cypress Street, Suite 108
Tampa FL 34228

FROM: Town of Longboat Key
Town Clerk Department
501 Bay Isles Road
Longboat Key FL 34228

DATE: 06-08-01

SUBJECT: Microfilming

Please index the attached collection of records utilizing the following language and placing this language in the upper right hand corner of each image:

6850 Pine Street # 303.5955

The database should include the following three fields:

VAR 839

Roll # 30

Image # 21

This collection of records should be placed on the following film type:

16 mm

35 mm

Total number of pages in this collection: _____

If there are questions regarding the collection of records that are to be microfilmed please contact Jo Ann Dunay-Mixon, Deputy Clerk Records, at 941-316-1999.

PETITION FOR VARIANCE

Date Filed April 27, 1988 Receipt # (\$250.00) 3035955 Petition No. 16-90

THE APPLICANT IS REQUIRED TO SUBMIT THE ORIGINAL PLUS TEN (10) SETS OF THIS APPLICATION, SUPPORTING PLANS, AND DOCUMENTS.

(I) (We) David and Anna Miller of 680 Broadway, Longboat Key
(Name) (Mailing Address)

34228 request a Variance from Section(s)

158, 155, Paragraph(s) 3, of the Town of Longboat

Key Zoning Ordinance to Build a dock 75 feet long instead of 70 feet.
(brief description - for example, to reduce side

yard from 20 feet to 15 feet)

Subject property is located at 6850 Pine Street
(Street Number Location)

The legal description is as follows: _____

BEING LOT 3, LESS THE NORTHERLY 10 FEET THEREOF, ALL OF LOT 4, AND THE NORTHEASTLY 10 FEET OF LOT 5, BLOCK 6, REVISED LONGBEACH, AND ALL LANDS LYING BETWEEN ABOVE DESCRIBED LAND, AND WATERS OF DUNADOTA BAY, ALIENED LOT 17 LESS THE NORTHERLY 10 FEET THEREOF AND ALL OF LOT 18, BLOCK 6 REVISED LONGBEACH, AS RECORDED IN PLAT BOOK 6, PAGE 66, PUBLIC RECORDS OF MANATEE COUNTY, FLORIDA.

Following are the names and addresses of all owners of property within a distance of (300) (1000) feet from the outside edges of the property involved in this Petition:

Name	Address
_____	_____
_____	_____
_____	_____

(Attach extra sheet, if necessary)

(I) (We) believe that the Zoning Board of Adjustment should grant this Variance pursuant to Section 158.029 of the Town Code because all of the following criteria are factually supported in this petition.

- (1) Special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same zoning district.
- (2) The special conditions and circumstances do not result from the actions of the applicant.
- (3) Granting the variance requested will not confer on the applicant any special privilege that is denied by Chapter 158 to other lands, buildings, or structures in the same zoning district.
- (4) Literal interpretation of the provisions of Chapter 158 would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district under the terms of Chapter 158 and would work unnecessary and undue hardship on the applicant.
- (5) The variance granted is the minimum variance that will make possible the reasonable use of the land, building or structure.
- (6) The grant of the variance will be in harmony with the general intent and purpose of Chapter 158, and the variance will not be injurious to the area involved or otherwise detrimental to the public welfare.

STATE SEPARATELY HOW EACH OF THE ABOVE SIX CRITERIA ARE FACTUALLY PRESENT IN YOUR VARIANCE REQUEST:

- 1- The bay in front of our lot is extremely shallow, with a sand bar and fragile grass flats. We are concerned that a 30' dock would not be approachable by boat without causing damage to the bay bottom.
- 2- Obviously, the condition described is natural, not caused by us.
- 3- It only seems sensible to build a dock in deep enough water to be usable. We noticed our neighbor's boat, tied up at the end of his dock, was aground at low tide.
- 4- Again, we believe using a 30' dock would cause unnecessary damage to the bay bottom.
- 5- As shown by the enclosed drawing, the dock must extend 75' to gain a depth of 2.7' at low tide. This would be a minimum depth for a boat of any size.
- 6- The longer dock does not affect any navigable channels. The spot we've picked for the dock, which is noted on the

(Attach extra sheet, if necessary) cont'd. next page--

(I) (We) understand that this Petition becomes a part of the permanent records of the Zoning Board of Adjustment. (I) (We) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief.

David A. Miller
(Signature of Owner)

Mailing address you wish information sent to and telephone number:

David A. Miller
680 Broadway
Longboat Key, Florida 34228
383-1311 or 383-4629

The Owner has hereby designated the above signed person to act as his agent in regard to this Petition. (To be executed when Owner designates another to act on his behalf.)

The contents of this Petition are sworn and subscribed before me this 27th day of April 19 60.

John W. [Signature]
Notary Public

NOTARY PUBLIC STATE OF FLORIDA BY COMMISSION EXP. OCT. 7, 1966 BONNET TOWN GENERAL INT. BLDG.

survey, would only affect a pepper tree; there is no mangrove tree there. Also, this location is the proper setback from our neighbor's property. The Department of Natural Resources has been to the site and approved the proposed 75' dock. The Department of Environmental Resources was not interested because the proposed dock is under 500 square feet.

30 APR 1990
PAGE: 1

TOWN OF LONGBOAT KEY
PROPERTY OWNERS LABEL LISTING
OWNERS WITHIN 300' OF 6850 PINE ST.

6800PINEST

CRIM, E RAYMOND JR
CRIM, BOBBIE W
P O BOX 8010
LONGBOAT KEY FL 34228

6809PINEST

BROWN, HILTON, JR LE
FIRST UNION NAT'L BK OF FL TRS
P O BOX 325
LONGBOAT KEY FL 34228

6822PINEST

BROOKS, MARTIN J
P O BOX 285
ANNA MARIA FL 34216

6832PINEST

ANDREA PROPERTIES INC
P O BOX 285
ANNA MARIA FL 34216

6833PINEST

MOORE, JOHN A JR
MOORE, MARY J
P O BOX 1081
LONGBOAT KEY FL 34228

6841PINEST

BINDER, CYRIL B
BINDER, GRACE
P O BOX 496
LONGBOAT KEY FL 34228

6850PINEST

WOJTASIK, EDMUND M
WOJTASIK, MARTHA C
5931 EMERALD HBR DR
LONGBOAT KEY FL 34228

6860PINEST

VELZ, CLARENCE J
VELZ, PATRICIA O BRIEN
P O BOX 495
LONGBOAT KEY FL 34228

6861PINEST

BINDER, CYRIL B
BINDER, GRACE
P O BOX 496
LONGBOAT KEY FL 34228

6830HUGHESST

JOHNSON, THEODORE R
JOHNSON, CATHERINE BLACK
6830 HUGHES ST
LONGBOAT KEY FL 34228

6840HUGHESST

HOOK, JAMES M
HOOK, BETTY R
6840 HUGHES ST
LONGBOAT KEY FL 34228

650MAGNOLIARD

BINDER, CYRIL B

30 APR 1990
PAGE: 2

TOWN OF LONGBOAT KEY
PROPERTY OWNERS LABEL LISTING
OWNERS WITHIN 300' OF 6850 PINE ST.

BINDER, GRACE
P O BOX 496
LONGBOAT KEY FL 34228

681MAGNOLIARD


NASON, JAMES R P
P O BOX 136
LONGBOAT KEY FL 34228

700MAGNOLIARD

VELZ, CLARENCE J
VELZ, PATRICIA O BRIEN
P O BOX 495
LONGBOAT KEY FL 34228

3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.


1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>ANDREA PROPERTIES INC P O BOX 285 ANNA MARIA FL 34216</p>	<p>4. Article Number P005 120 327</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee X <i>Andrea Properties Inc.</i></p> <p>6. Signature - Agent X</p> <p>7. Date of Delivery</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> 

PS Form 3811, Apr. 1989 © U.S.G.P.O. 1989-226-815 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>BROOKS, MARTIN J P O BOX 285 ANNA MARIA FL 34216</p>	<p>4. Article Number P005 120 326</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee X <i>Martin Brooks</i></p> <p>6. Signature - Agent X</p> <p>7. Date of Delivery</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> 

PS Form 3811, Apr. 1989 © U.S.G.P.O. 1989-226-815 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>MOORE, JOHN A JR MOORE, MARY J P O BOX 1081 LONGBOAT KEY FL 34228</p>	<p>4. Article Number P005 120 328</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee X <i>John Moore</i></p> <p>6. Signature - Agent X</p> <p>7. Date of Delivery 5-15-90</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
**JOHNSON, THEODORE R
JOHNSON, CATHERINE BLACK
6830 HUGHES ST
LONGBOAT KEY FL 34228**

4. Article Number
P005120333

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery **5-9-90**

8. Addressee's Address (ONLY if requested and fee paid)

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
**BINDER, CYRIL B
BINDER, GRACE
P O BOX 496
LONGBOAT KEY FL 34228**

4. Article Number
P005120335

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery **5-9-90**

8. Addressee's Address (ONLY if requested and fee paid)

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
**BINDER, CYRIL B
BINDER, GRACE
P O BOX 496
LONGBOAT KEY FL 34228**

4. Article Number
P005120332

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
[Signature]

6. Signature - Agent
[Signature]

7. Date of Delivery **5-9-90**

8. Addressee's Address (ONLY if requested and fee paid)

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

CRIM, E RAYMOND JR
CRIM, BOBBIE W
P O BOX 8010
LONGBOAT KEY FL 34228

4. Article Number
P 065 120 324


Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
[Signature]

6. Signature - Agent
X

7. Date of Delivery



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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
NASON, JAMES R P
P O BOX 136
LONGBOAT KEY FL 34228

4. Article Number
P 065 120 336

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
[Signature]

6. Signature - Agent
X

7. Date of Delivery
5-90-90

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
BROWN, HILTON, JR LE
FIRST UNION NAT'L BK OF FL TRS
P O BOX 325
LONGBOAT KEY FL 34228

4. Article Number
P 065 120 325

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
[Signature]

6. Signature - Agent
X

7. Date of Delivery
5/8/90

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
HOOK, JAMES M
HOOK, BETTY R
4840 HUGHES ST
LONGBOAT KEY FL 34228

4. Article Number
P 065 120 334

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
[Signature]

6. Signature - Agent
X

7. Date of Delivery
5.9.90

8. Addressee's Address (ONLY if requested and fee paid)

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3. Article Addressed to: WOJTABIK, EDMUND M WOJTABIK, HARTHA C 8731 EMERALD HBR DR LONGBOAT KEY FL 34228	4. Article Number P 005 120 330 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>E. W. J. W. J. W. J.</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-9-90	

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-228-015 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: VELZ, CLARENCE J VELZ, PATRICIA O BRIEN P O BOX 495 LONGBOAT KEY FL 34228	4. Article Number P 005 120 337 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>Clarence J. Velz</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-9-90	

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-228-015 DOMESTIC RETURN RECEIPT

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to: MOORE, JOHN A JR MOORE, MARY J P O BOX 1081 LONGBOAT KEY FL 34228	4. Article Number P 005 120 328 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>John A. Moore</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-15-90	

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-228-015 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: VELZ, CLARENCE J VELZ, PATRICIA O BRIEN P O BOX 495 LONGBOAT KEY FL 34228	4. Article Number P 005 120 331 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>Clarence J. Velz</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 5-9-90	

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-228-015 DOMESTIC RETURN RECEIPT

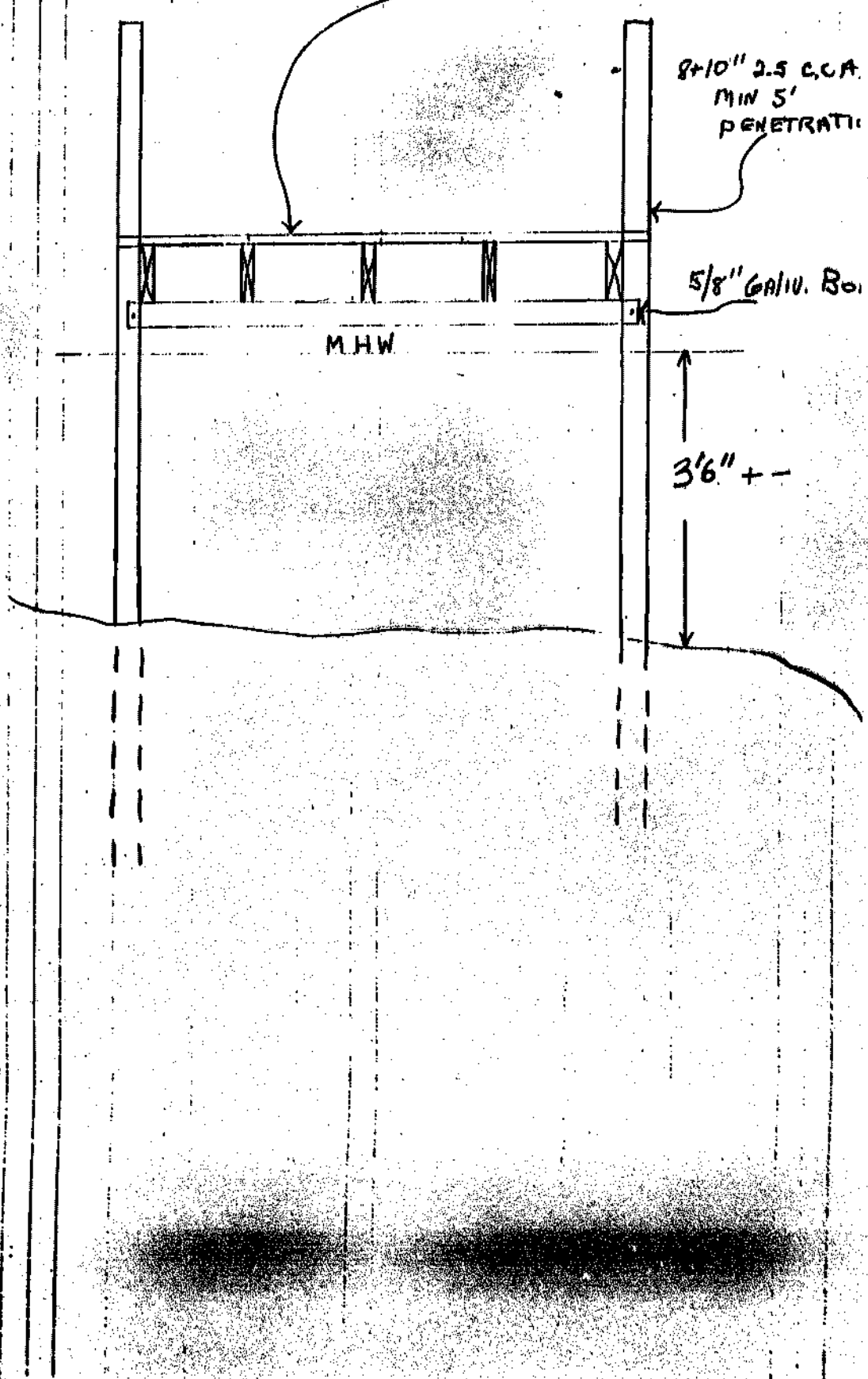
ALL DECK, STRINGERS + CROSS ANMS
2"X8" P.T. PINE

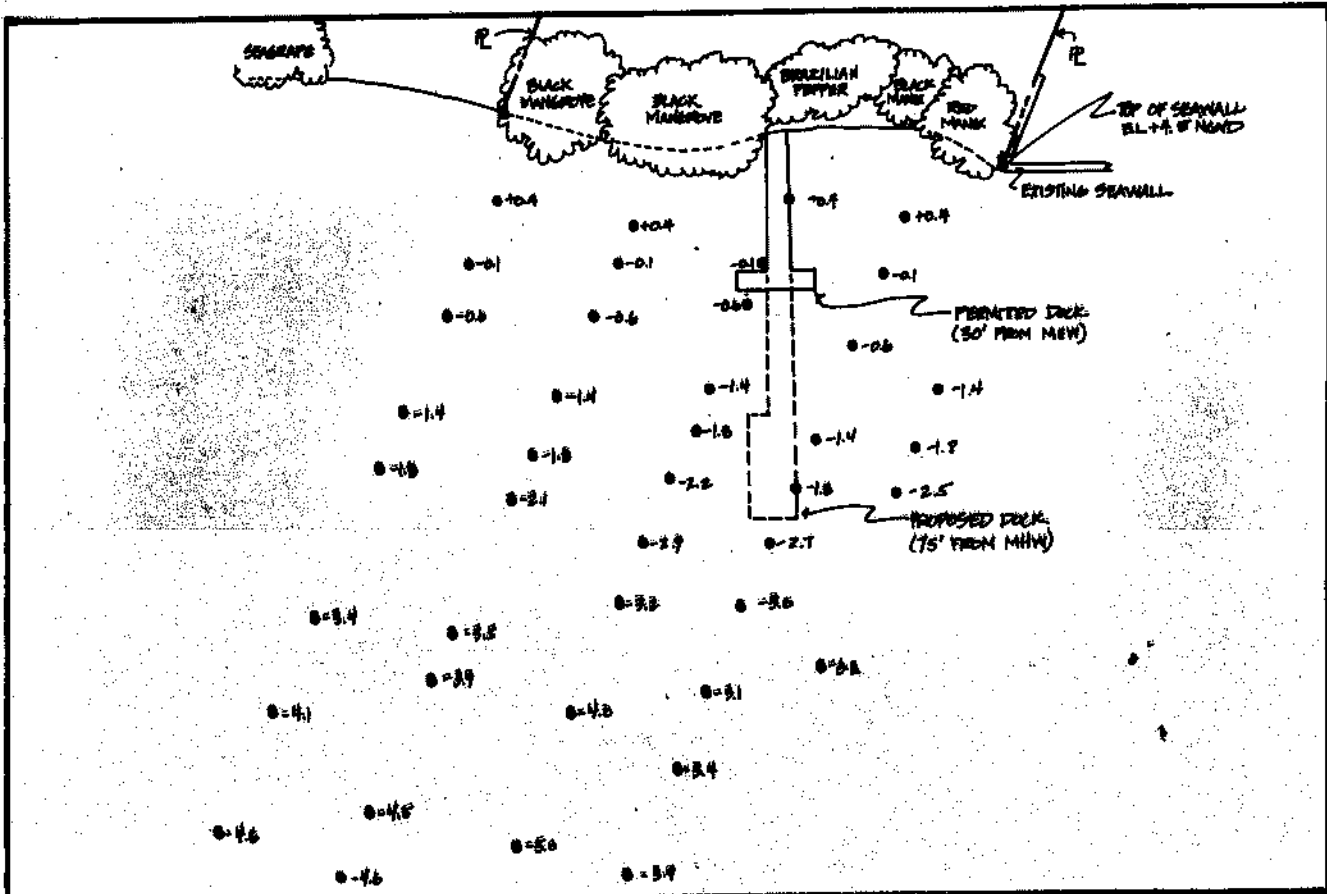
8x10" 2.5 C.C.A.
MIN 5'
PENETRATI

5/8" GALV. BOL

M.H.W.

3'6" +-





DAVID & ANNA MILLER PROPERTY • 6850 PINE STREET
 WATER DEPTH SURVEY
 POINTS REFERENCED TO MHW (MSL)

SURVEY DATE: 8/21/20



