



## VARIANCE APPLICATION

City of Atlantic Beach

Community Development Division

800 Seminole Road Atlantic Beach, FL 32233

(P) 904-247-5800

FOR INTERNAL OFFICE USE ONLY

PERMIT# ZVARZ6-2001

\$500.00 Application Fee

\*\*Please submit form in person  
or to [building-dept@coab.us](mailto:building-dept@coab.us)

### APPLICANT INFORMATION

NAME Roy and Amy Saunders EMAIL rsaunders@bayhill.com

ADDRESS 654 Ocean Blvd CITY Atlantic Bch STATE FL ZIP CODE 32233

PROPERTY LOCATION Same as above PHONE #  CELL # 407-595-2073

RE# 170135-0010 BLOCK # 17 LOT # 4

LOT/PARCEL SIZE 5679 sq ft ZONING CODE ARS-2 UTILITY PROVIDER JEA/COAB

COMPREHENSIVE PLAN FUTURE LAND USE DESIGNATION RL

PROVISION FROM WHICH VARIANCE IS REQUESTED SECTION 24-151 K-1

Homeowner's Association or Architectural Review Committee approval required for the proposed construction

YES  NO (if yes, this must be submitted with any application for a Building Permit)

Statement of facts and site plan related to requested Variance, which demonstrates compliance with Section 24-65 of the Zoning, Subdivision and Land Development Regulations, a copy of which is attached to this application. Statement and site plan must clearly describe and depict the Variance that is requested.

### PROVIDE ALL OF THE FOLLOWING INFORMATION

*(all information must be provided before an application is scheduled for any public hearing):*

1. Accurate, to-scale boundary survey prepared by a registered land surveyor within one year of the date of submission that shows the location of all existing improvements.
2. Survey, plat or new site plan showing all proposed additions and/or improvements added to the drawing, to scale (on 11"x17" paper or smaller).
3. Proof of ownership (copy of deed or current property tax notification).
4. Copy of any previous variance and/or conditional use approval letters.
5. If applicant is not the owner, notarized written authorization from owner is required.

"In lieu of signed, sworn and notarized signatures of the property owner, agent and/or contractor, and under penalties of perjury, I declare that I have read and examined the foregoing application and that the facts stated in it are true and correct."

Roy Saunders

Roy Saunders

2025-12-16

SIGNATURE OF APPLICANT

PRINT OR TYPE NAME OF APPLICANT

DATE

# CERTIFICATE of SIGNATURE

REF. NUMBER  
**RU9TY-GVQMD-TSVSI-4Z2AR**

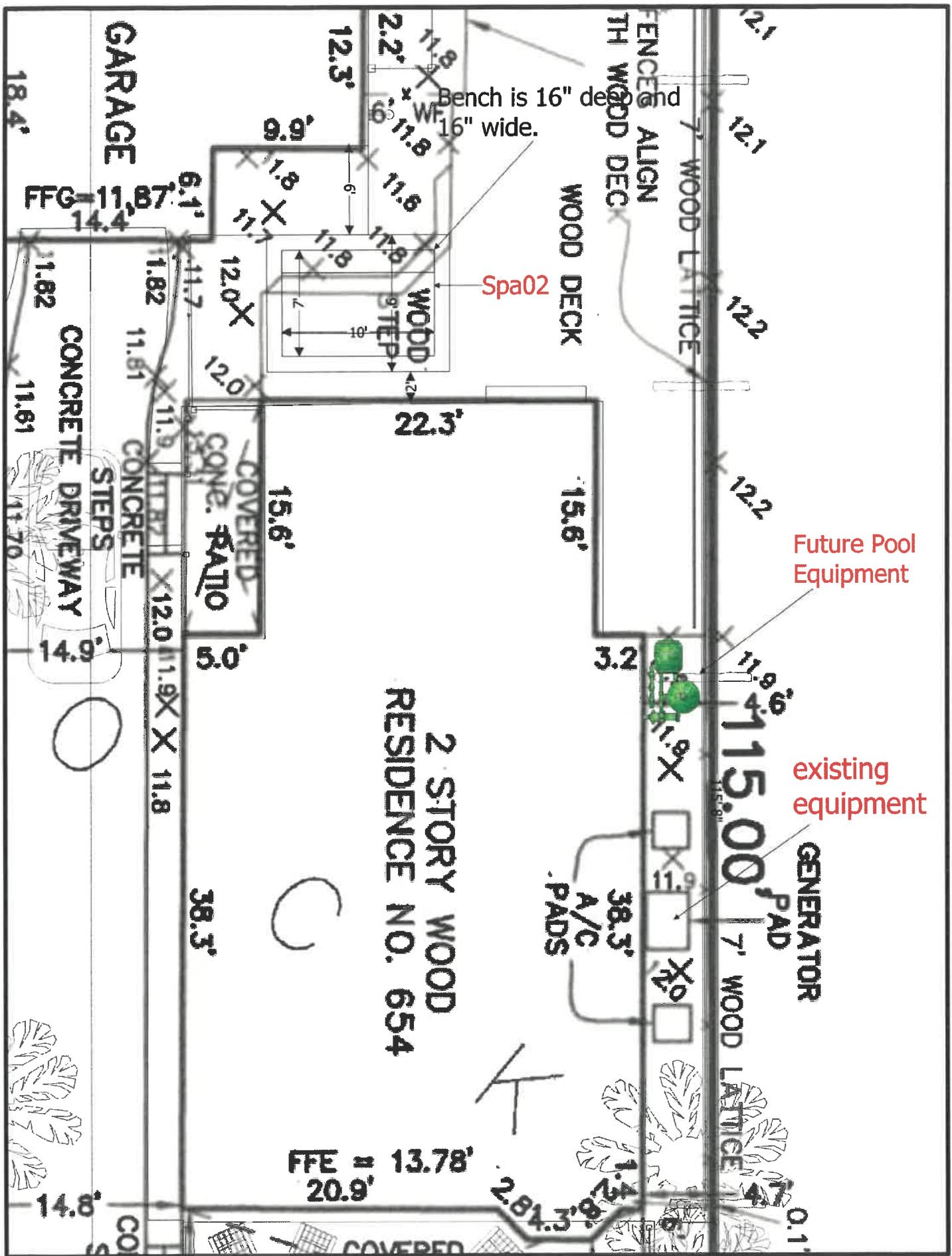
DOCUMENT COMPLETED BY ALL PARTIES ON  
**16 DEC 2025 23:06:17**  
UTC

SIGNER	TIMESTAMP	SIGNATURE
<b>ROY SAUNDERS</b>  EMAIL <b>RSAUNDERS@BAYHILL.COM</b>	SENT <b>16 DEC 2025 19:08:44</b>  VIEWED <b>16 DEC 2025 23:05:20</b>  SIGNED <b>16 DEC 2025 23:06:17</b>	  IP ADDRESS <b>50.89.110.200</b>  LOCATION <b>ORLANDO, UNITED STATES</b>

## RECIPIENT VERIFICATION

EMAIL VERIFIED  
**16 DEC 2025 23:05:20**







## **Variance Application**

Roy and Amy Saunders

654 Ocean Blvd

Atlantic Beach, FL

We are asking for a hardship variance for our spa equipment location.

We are trying to build a therapeutic spa for our health. The issue is the spa equipment will be in the 5' side setback on the north side of the property. There are previously installed A/C units and a generator on the same side. See attached pictures. The rest of the rear is a wood deck and a historically protected detached garage which we can not incorporate with the equipment. Without the variance we will not be able to build the therapeutic spa.







Prepared by and return to:

Scott Torrie, Esq.  
Attorney at Law  
Scott Torrie, P.A.  
34931 U.S. Highway 19 North Suite 210  
Palm Harbor, FL 34684  
727-239-8169  
File Number: 17.130  
TorrieLaw@gmail.com

Parcel Identification No. 170135-0010

[Space Above This Line For Recording Data]

**Warranty Deed**  
(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made effective the 15th day of November, 2017, between J. Tad Heyman, both individually and as Trustee of the J. Tad Heyman Revocable Living Trust U/T/D 11/4/16, whose post office address is 235 N. Pearl St., Granville, OH 43023 of the County of Licking, State of Ohio, grantor\*, and Robert L. Saunders, III, and Amy P. Saunders, husband and wife whose post office address is 9031 Bay Hill Boulevard, Orlando, FL 32819 of the County of Orange, State of Florida, grantee\*.

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Duval County, Florida, to-wit:

Lot 4, Block 17, Plat No. 1 Subdivision "A" Atlantic Beach, according to the map or plat thereof as recorded in Plat Book 5, Page 69, of the Public Records of Duval County, Florida.

Subject to taxes for the year 2018 and all subsequent years, which are not yet due and payable.

Subject to covenants, conditions, restrictions, reservations and easements of record.

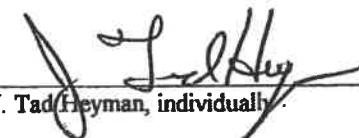
and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

\* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

Collette Odom  
Witness Name: Collette Odom

  
(Seal)  
J. Tad Heyman, individually

Barry Besore  
Witness Name: Barry Besore

# CERTIFICATE *of* SIGNATURE

REF. NUMBER  
**RU9TY-GVQMD-TSVSI-4Z2AR**

DOCUMENT COMPLETED BY ALL PARTIES ON  
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