



CITY OF WINTER SPRINGS

COMMUNITY DEVELOPMENT DEPARTMENT

1126 STATE ROAD 434

WINTER SPRINGS, FL 32708

407-327-5967

FAX: 407-327-6695

APPEAL OF AN ADMINISTRATIVE DECISION

This form must be filed within thirty (30) calendar days after the date of the Administrative Decision that is being appealed.

APPLICANT:

Last

First

Middle

MAILING ADDRESS: _____

City

State

Zip Code

PHONE: _____

If Applicant does NOT own the property:

PROPERTY OWNER:

Last

First

Middle

MAILING ADDRESS: _____

City

State

Zip Code

PHONE: _____

This request is for the real property described below:

PROPERTY ADDRESS: _____

TAX PARCEL NUMBER: _____

SIZE OF PARCEL: _____

Square Feet

Acres

EXISTING LAND USE: _____

Current FUTURE LAND USE Classification: _____

Current ZONING Classification: _____

DATE OF THE DECISION YOU ARE APPEALING: _____

NAME OF THE DECISION MAKER: _____

APPLICABLE CODE PROVISIONS: _____

The APPLICANT IS RESPONSIBLE for posting the blue notice card on the site at least SEVEN (7) DAYS prior to the Board of Adjustment Meeting at which the matter will be considered. Said notice shall NOT be posted within the City right-of-way.

All APPLICANTS shall be afforded minimal due process as required by law, including the right to receive notice, be heard, present evidence, cross-examine witnesses, and be represented by a duly authorized representative.

The CITY COMMISSION shall render all final decisions regarding administrative appeals and may impose reasonable conditions on any approved administrative appeal to the extent deemed necessary and relevant to ensure compliance with applicable criteria and other applicable provisions of the City Code and Comprehensive Plan. All formal decisions shall be based on competent substantial evidence and the applicable criteria as set forth in CHAPTER 20, ZONING.

APPLICANTS are advised, that if they decide to appeal any decisions made at the meetings or hearings, with respect to any matter considered at the meetings or hearings, they will need a record of the proceedings and, for such purposes, they will need to insure that a verbatim record of the proceedings is made, at their cost, which includes the testimony and evidence upon which the appeal is to be based, per 286.0105, Florida Statutes.

THE FOLLOWING ITEMS ARE TO BE SUPPLIED WITH THIS APPLICATION:

- A copy of the most recent SURVEY of the subject property.
- A copy of the LEGAL DESCRIPTION reflecting the property boundaries.
- 11 x 17 MAP showing ADJACENT STREETS and ZONING AND LAND USE classifications on the ADJACENT PROPERTY.
- JUSTIFICATION for the Request (See Attached List)
- NAMES and ADDRESSES of each property owner within 150 ft. of each property line.
- Notarized AUTHORIZATION of the Owner, IF the Applicant is other than the Owner or Attorney for the Owner (see below).
- SPECIFIC GROUNDS FOR APPEAL (Attach any documentation needed to substantiate your position)
- APPLICATION FEE:

FEES are as SHOWN BELOW plus ACTUAL COSTS incurred for ADVERTISING or NOTIFICATION, and for REIMBURSEMENT for TECHNICAL and/or PROFESSIONAL SERVICES which may be required in connection with the review, inspection or approval of any development (based on accounting submitted by the City's Consultant) , payable prior to approval of the pertinent stage of development.

APPEAL OF ADMINISTRATIVE DECISION	\$ 300
<hr/>	
TOTAL DUE	\$ _____

By submitting this application you hereby grant temporary right of entry for city officials to enter upon the subject property for purposes of evaluating this application.

FOR USE WHEN APPLICANT IS OWNER OF THE SUBJECT REAL PROPERTY:

This is to certify that I am the Owner in fee simple of subject lands described within this Appeal of an Administrative Decision for Board of Adjustment consideration:

Signature of Owner

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public
My Commission expires:

Personally Known

Produced Identification:
(Type) _____

Did take an Oath

Did Not take and Oath

FOR USE WHEN APPLICANT IS NOT OWNER OF THE SUBJECT REAL PROPERTY:

I, _____ do hereby, with my notarized signature, allow _____ to represent me in this Appeal of an Administrative Decision related to my property.

The property is identified as: Tax Parcel Number(s) _____

Located at _____

Signature of Owner(s)

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public
My Commission expires:

Personally Known

Produced ID: (Type) _____

Did take an Oath

Did Not take and Oath

