

APPEAL OF PLANNING/ZONING OFFICIAL DETERMINATION

DID YOU REMEMBER TO?

Have an Affidavit notarized by both the owner and applicant (if different people)

Complete the submittal checklist

Fold oversize copies so that they are no larger than 8 1/2" by 14"

Submit all information as required at the pre-application meeting

Collate all required information into 5 individual packages (including one package containing originals)

Submit appeal package no later than _____.

PROJECT LOCATION

Parcel Identification Number

Property Address/Location

OWNER/APPLICANT INFORMATION

Owner Name, Title

Applicant Name, Title

Company

Company

Street Address

Street Address

City State Zip

City State Zip

Telephone Number

Telephone Number

Fax Number

Fax Number

E-Mail Address

E-Mail Address

TO BE COMPLETED BY CITY STAFF

Pre-Application Mtg. Verification

Date

Project Name

Case Description (including case number being appealed)

Sub-Type (Planning or Zoning Official)

Commissioner District

Case # Assigned



SUBMISSION PACKAGE

The following table contains the requirements for submitting an appeal of a Planning or Zoning Official's Determination. The first check box on the left indicates what is required. The item must be submitted unless waived by a planner at the pre-application meeting. Complete the checklist by placing a checkmark (✓) in each box to the right of a required item to indicate that it has been submitted. All items required shall be collated into **5** individual packages prior to submittal of the application. Please ensure that your application package is complete and submitted by the deadline established on the first page of this application to avoid being deferred to the next posted deadline date and board meeting.

Application Fee \$275	A user fee established by City Council to partially off-set the administrative and direct costs of processing an application. <u>The application fee does not in any way ensure the applicant a favorable decision.</u> All applications will be reviewed on the merits of the request alone, regardless of the application fee. All application fees are non-refundable, except for applications that are withdrawn within five (5) working days of the application submittal date. <u>The Project Planner must receive a request for withdrawal by 5:00 p.m. on the day of the withdrawal deadline for the fee to be refunded.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application Form	This application form completed and signed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Planning/Zoning Official Determination	A copy of the Planning or Zoning Official's determination upon which the appeal is based.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Appeal	A written statement describing the reason for the appeal and information/exhibits justifying why the appellant believes the determination was incorrect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary Survey	A recent, accurate survey showing all existing improvements on the property and certified by the surveyor, drawn to scale. In addition to the full-size survey, please submit at least one (1) copy of a reduced survey no greater than 11" by 17." <u>This item is only required if the appeal relates to development standards such as lot size, setbacks, parking, etc.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Development Plan	A development plan which depicts all existing development as well as proposed improvements. The plan must be dimensioned and drawn to scale. In addition to the full-size survey, please submit at least one (1) copy of a reduced plan no greater than 11" by 17." <u>This item is only required if the appeal relates to development standards such as lot size, setbacks, parking, etc.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affidavit	If you are not the property owner, but are acting on behalf of the property owner, you are required to have this form completed and notarized (Appendix A).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Information	Other information required by the Planning Official:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION

By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.

Applicant Signature

Date



APPENDIX A: AFFIDAVIT/CONSENT OF OWNERS

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, the undersigned authority, this day personally appeared _____, hereinafter "Owner," and _____, hereinafter "Applicant," who, being by me first duly sworn, upon oath, depose and says:

1. The Applicant is the duly authorized representative of the Owner, requesting land development approval on the real property located in the City of Orlando as described and listed on the pages attached to this affidavit and made a part hereof.
2. That all Owners have given their full and complete permission for Applicant to act in their behalf to seek the land development approval as set out in the accompanying application.
3. That the attached ownership list is made a part of the Affidavit and contains the legal description(s) for the real property, and the names and mailing addresses of all Owners having an interest in said land.

FURTHER Affiant(s) sayeth not.

Owner

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

Notary Public
State of Florida at Large
My Commission Expires:

Owner

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

Notary Public
State of Florida at Large
My Commission Expires:

Owner

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

Notary Public
State of Florida at Large
My Commission Expires:

Applicant

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

Notary Public
State of Florida at Large
My Commission Expires:

OWNERSHIP LIST

Owner's Name _____

Ownership Interest _____

Mailing Address _____

Legal Description:

Owner's Name _____

Ownership Interest _____

Mailing Address _____

Legal Description:

Owner's Name _____

Ownership Interest _____

Mailing Address _____

Legal Description: