



APPEAL OF AN ADMINISTRATIVE ACTION OR INTERPRETATION TO THE VILLAGE COUNCIL

[Land Development Code Section 2-409.A.2]

An administrative action or interpretation may be appealed by the Applicant.

The appealing party must file a Notice of Appeal no later than 30 calendar days after the administrative official renders the action. The Notice of Appeal must be filed with the Department of Community Development on this form and the filing fee paid. A Notice of Appeal is not filed until payment of the filing fee.

All administrative appeals will be heard in accordance with the provisions of Land Development Code Section 2-409.A.2.

Case Number Being Appealed: _____

Case Name: _____

PART 1. APPELLANT INFORMATION

1. Name of Appellant _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
2. Name of Agent or Representative _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
3. Name of Property Owner _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

PART 2. SUBJECT OF APPEAL

1. Action being appealed (attach and label as **Action Being Appealed**):
Copy of Administrative Action being appealed
Copy of Administrative Interpretation being appealed.
2. Summarize the action that is being appealed. (Note; If additional space is needed, please attach a separate sheet and label as **Summary of Action Being Appealed**.)

3. Specifically state the error you believe the administrative official made, the relief sought, and the legal basis for the requested relief. The failure to state the error made by the administrative official may result in dismissal of the appeal. (Note: If additional space is needed, please attach a separate sheet and label as **Reason for Appeal**.)

4. Name(s) of Administrative Official and Department making original interpretation:

**PART 3.
SITE SPECIFIC INFORMATION**

- 1. Owner of Property _____
- 2. STRAP No of Subject Property _____
- 3. Street Address of Subject Property _____
- 4. Council District _____

**PART 4.
CERTIFICATION**

I, _____, being first duly sworn, depose and say that the answers, attachments, and exhibits included herewith as part of this application are accurate and true to the best of my knowledge and belief.

Signature of Applicant

Date

Name and Title (typed or printed legibly)

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization this _____ day of _____, _____, by _____ as _____ for _____.

Signature of Notary Public

Name of Notary (typed, printed or stamped)

[NOTARY SEAL]

Personally known _____ OR produced identification
Type of Identification Produced _____

SUBMITTAL REQUIREMENT CHECKLIST <i>Clearly label your attachments as noted in bold below.</i>
Completed Application
Filing Fee
Copy of Administrative Action Being Appealed
Summary of Action Being Appealed
Reason for Appeal