

**APPLICATION TO APPEAL ADMINISTRATIVE DECISION
LEVY COUNTY, FLORIDA
Section 50-861**

Filing Date: _____ **Petition Number:** _____

Filing Fee: \$ 250.00 _ Cash ___ Check _____ **Validation Number:** _____

Note: Prior to scheduling the hearing, the applicant shall pay all fees and costs for services of the County Attorney, County Engineer, outside legal counsel, or other professional consultants provided in connection with the administrative appeal, in accordance with Resolution 2007-24.

TO THE LEVY COUNTY BOARD OF ADJUSTMENTS:

This application for administrative relief is hereby made to the Board of Adjustment of Levy County, Florida, pursuant to the authority granted unto that board by the Levy County Code of Ordinances, Chapter 50, in various Code sections relating to an administrative decision made by the zoning official or other administrative official charged with the power or duty of enforcing or administering the provisions of Chapter 50 of the Levy County Code of Ordinances.

1. APPLICANT AND REQUEST INFORMATION:

(Please print or type unless otherwise specified)

Petitioner's Name _____

Address _____

City _____ State _____ zip _____

Phone Number [Optional] (_____) _____ - _____

The petitioner or petitioner's designated representative must appear at the public hearing. You will be notified approximately two weeks prior to the hearing date. Acknowledged: _____
Sign or Initial

By my signature below, I do hereby swear or affirm that the information given herein is true and accurate to the best of my knowledge.

Complainant's Signature

Date

State of : _____

County of: _____

Sworn to me and subscribed before me this _____ **day of** _____, **20** _____ **By**

_____ **Who is personally known to me, or produced**

_____ **for identification.**

Notary Public

COMPLAINT PROCESSING (office use only)

Scheduled Hearing Date: _____ / _____ / **20** _____

BOA Decision: Administrative Relief is hereby: **Granted** _____ **Denied** _____

Date of Decision: _____ / _____ / **20** _____ (Check one)

Board Findings or Comments: _____

