

**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

2. DESCRIPTION OF ADMINISTRATIVE COMPLAINT:

Date the administrative decision was made that your are appealing: _____ / _____ / _____
Month Day Year

Code section(s) Cited by County Official on which administrative decision was based:

Code Section(s) _____

Please provide a brief description of the nature of your complaint. Please include a reference to the code section(s) cited by the building or zoning official that lead to your filing of this petition for administrative relief. Attach any documentation supporting your case.

Additional Documents are attached to this administrative complaint: Yes No
[Circle one]

3. PETITIONER'S REQUESTED ACTION BY THE BOARD OF ADJUSTMENTS

Please provide a brief description of the actions the Board of Adjustments would need to take to satisfactorily rectify your administrative complaint.

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: _____

