



APPEALS OF ADMINISTRATIVE DECISIONS

IMPORTANT INSTRUCTIONS TO ALL APPLICANTS:

You must schedule an appointment to submit this application. To request an appointment please Call 813 272-5600. All requirements listed on the submittal checklist must be met. Incomplete applications will not be accepted.

Property Information

Address: _____ City/State/Zip: _____ TWN-RN-SEC: _____

Folio(s): _____ Zoning: _____ Future Land Use: _____ Property Size: _____

Property Owner Information

Name: _____ Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ FAX Number: _____

Applicant Information

Name: _____ Daytime Phone: _____

Address: _____ City/State/Zip: _____

Email: _____ FAX Number: _____

Applicant's Representative (if different than above)

Name: _____ Daytime Phone: _____

Address: _____ City / State/Zip: _____

Email: _____ FAX Number: _____

I HEREBY SWEAR OR AFFIRM THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION PACKET IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE REPRESENTATIVE LISTED ABOVE TO ACT ON MY BEHALF FOR THIS APPLICATION.

Signature of Applicant

Type or Print Name

I HEREBY AUTHORIZE THE PROCESSING OF THIS APPLICATION AND RECOGNIZE THAT THE FINAL ACTION ON THIS PETITION SHALL BE BINDING TO THE PROPERTY AS WELL AS TO CURRENT AND ANY FUTURE OWNERS.

Signature of Property Owner

Type or Print Name

Office Use Only

Intake Staff Signature: _____ Intake Date: _____

Case Number: _____ Public Hearing Date: _____

Receipt Number: _____ Type of Application: _____

Development Services, 601 E Kennedy Blvd. 20th Floor

AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

(NAME OF ALL PROPERTY OWNERS), being first duly sworn, depose(s) and say(s):

- That (I am/we are) the owner(s) and record title holder(s) of the following described property, to wit:
ADDRESS OR GENERAL LOCATIONS: _____ Folio No: _____
- That this property constitutes the property for which a request for a: _____ (NATURE OF REQUEST) is being applied to the Board of County Commissioners, Hillsborough County.
- That the undersigned (has/have) appointed _____ as (his/their) agent(s) to execute any permits or other documents necessary to affect such permit.
- That this affidavit has been executed to induce Hillsborough County, Florida, to consider and act on the above-described property;
- That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

Signature (Property Owner)

Signature (Property Owner)

<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH The foregoing instrument was acknowledged before</p> <p>me this _____ by _____ Date Property Owner</p> <p>Who: _____ Personally known to me _____ Florida Drivers License _____ Other Type of Identification</p> <p>And Who: _____ did _____ did not take an oath.</p> <p>_____ Signature of Notary taking acknowledgement</p> <p>_____ Type/Print Name of Notary</p> <p>_____ Commission Number Expiration Date</p>	<p>STATE OF FLORIDA COUNTY OF HILLSBOROUGH The foregoing instrument was acknowledged before</p> <p>me this _____ by _____ Date Property Owner</p> <p>Who: _____ Personally known to me _____ Florida Drivers License _____ Other Type of Identification</p> <p>And Who: _____ did _____ did not take an oath.</p> <p>_____ Signature of Notary taking acknowledgement</p> <p>_____ Type/Print Name of Notary</p> <p>_____ Commission Number Expiration Date</p>
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**THIRD PARTY
NOTICE OF APPEAL HEARING**

DATE: _____
(date)

APPEAL NUMBER: _____
(number)

APPELANT: _____
(name)

NAME OF PROPERTY OWNERS(S): _____
(name)

MAILING ADDRESS OF PROPERTY OWNER(S): _____
(address)

ADDRESS/LOCATION OF PROPERTY: _____
(address)

FOLIO #: _____
(folio number)

YOU ARE HEREBY NOTIFIED that an appeal of an administrative decision has been filed with the Hillsborough County Development Services Department.

The appeal has been scheduled for a hearing before the Hillsborough County Land Use Hearing Officer for Monday, _____, at 1:30p.m.

Hillsborough County Center
County Commissioner's Board Room
601 E. Kennedy Blvd., 2nd Floor
Tampa, FL 33602

As owner of real property that is the subject of the administrative decision, you are notified of the filing of this appeal and the setting of the matter before the Land Use Hearing Officer as defined in 10.05.01.C of the Land Development Code.

Please direct all inquiries regarding this appeal to Rosa Timoteo (813-307-1752):

Development Services Department
601 E. Kennedy Blvd., 20th Floor
Tampa, FL 33602

Appellant Name: _____

Appellant Address: _____

Decision being appealed _____

Date of decision appealed _____

APPEALS OF ADMINISTRATIVE DECISIONS

- A. **General Description:** Appeals to decisions made by the Administrator;
- B. **Cross Reference to Development Code:** Section 10.05.00

APPEALS FROM ADMINISTRATOR TO LAND USE HEARING OFFICER

Applications for appeals of administrative decisions are considered and decided by the LUHO in accordance with Section 10.05.01 of the [LDC](#). This section includes the application submittal requirements for appeals to the Administrative decisions.

A. Submittal Requirements

The submittal requirements to appeal a decision of the Administrator are as follows:

1. Fee Payment - as referenced in Section 2.0 of the Development Review Procedures Manual.
2. Application - as referenced in Section 3.0 of the Development Review Procedures Manual.
3. Affidavit to Authorize Agent (If applicable)
4. Written Statement - explaining basis for appeal.
5. Third Party Notice of Appeal (If applicable)
6. Decision: A copy of the decision being appealed

Checklist of Submittal Requirements			
	Applicant Initials	Intake Initials	Requirements
1			Fee Payment
2			Application
3			Affidavit to Authorize Agent (If applicable)
4			Written Statement
5			Third Party Notice of Appeal (If applicable)
6			Decision (copy of the decision being appealed)