



Planning, Zoning & Building Department 501 Bay Isles Road Longboat Key, Florida 34228 Fax Number (941) 373-7938 Web: http://www.longboatkey.org	(941) 316-1966
---	-----------------------

APPEAL OF DECISION OF AN ADMINISTRATIVE OFFICIAL

Date Filed _____ Receipt _____ Petition # _____

THE APPLICANT IS REQUIRED TO SUBMIT SEVENTEEN (17) (ORIGINAL PLUS SIXTEEN (16) COPIES) INDIVIDUAL, COLLATED SETS OF THIS APPLICATION, SUPPORTING PLANS AND DOCUMENTS.

(I) (We) _____ of _____
(name) (mailing address)

_____ request that a determination be made by the Zoning Board of Adjustment of the Town of Longboat Key on the following appeal from the ruling of an Administrative Official made on _____, 20____.

This Petition concerns Section(s) _____, _____, _____, Paragraphs _____, _____ of the Town of Longboat Key Zoning Ordinance. Subject property is located at _____ (street address). The legal description is as follows _____ (Lot(s)) _____ (Block) _____ (Subdivision or Plat)

or _____ (if otherwise legally described)

Lot Size _____ Present Zoning Classification _____

Present Use _____

Present Structures (type) and improvements upon the land _____

If this Petition is granted, the effect will be to _____

I) (We) believe that the Zoning Board of Adjustment should grant this Petition because (State below the grounds for administrative review; use additional sheet if necessary):

LIST OF NAMES AND ADDRESSES OF ALL OWNERS OF PROPERTY WITHIN A DISTANCE OF 500 FT. FROM THE OUTSIDE EDGES OF THE PROPERTY INVOLVED WILL BE PROVIDED BY THE TOWN.

At the conclusion of your plan review by the Town, you will be billed for additional staff time, Town Attorney cost, cost of advertising, and any other miscellaneous costs incurred with the processing of your application(s). Applicants will be invoiced within 30 days of final determination.

(I) (We) understand that this Petition becomes a part of the permanent records of the Zoning Board of Adjustment. (I) (We) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief.

(Signature of Owner)

(Signature of Owner)

The Owner has hereby designated the above signed person to act as his agent in regard to this Petition. (To be executed when Owner designates another to act on his behalf).

Print or type Agent Name

Mailing address you wish information sent to and telephone number:

Phone # _____
Fax # _____

Notarization of Agent's Signature:

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____ by _____
as _____ for _____
(type of authority) (name of party acting on behalf of)

Notary Public

Name of Notary (print, typed or stamped)

Personally know _____ OR produced identification _____

Type of Identification _____

FOR STAFF USE ONLY

Application Fee: \$ 1000.00 deposit* _____ Receipt # _____
(Application fee will be deducted from deposit)

Application and Plans Accepted By: _____ Date: _____

File Code/Number: _____

**Deposit required at time of formal submission*

At the conclusion of your plan review by the Town, you will be billed for additional staff time, Town Attorney cost, cost of advertising, and any other miscellaneous costs incurred with the processing of your application(s). Costs will be deducted from initial deposit. If costs exceed the initial deposit, you will be billed for the remaining costs incurred; or you will be refunded the unused portion of the deposit.