



USE THIS FORM TO: Apply for an administrative appeal to a staff-level decision made regarding a particular application or property, in accordance with Land Development Code Section 11.07.00.

FEES: \$450. The fee is payable upon application.

IMPORTANT NOTES: To guide you through the process and ensure that your application is understood and properly processed, you'll need to meet with a City Planner prior to submitting your application. Completed Board applications are due 30 days prior to the meeting date.

KEY CONTACTS: The Department of Planning & Conservation will guide your application from start to finish, engaging other City departments or agencies as needed.

2019 Board of Adjustment Meeting Schedule

Meetings are held the 3rd Wednesday of the month at 5:00pm.

Application	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Deadline	17	16	20	20	17	15	19	17	21	18	16	20	18	15	19
(4:30pm)	2018	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020
Meeting Date	Jan 16 2019	Feb 20 2019	Mar 20 2019	Apr 17 2019	May 15 2019	June 19 2019	Jul 1 <i>7</i> 2019	Aug 21 2019	Sep 18 2019	Oct 16 2019	Nov 20 2019	Dec 18 2019	Jan 15 2020	Feb 19 2020	Mar 18 2020

APPLICATION REQUIREMENTS ADMINISTRATIVE APPEALS

Administrative Appeal applications must be submitted to Department of Planning & Conservation Staff. Staff will review each application for completeness and accuracy prior to acceptance. *Please note that Staff may request additional information after submittal of the application.*

THE FOLLOWING MUST BE PROVIDED IN ORDER TO BE A COMPLETE APPLICATION FOR FILING AN

ADMINISTRATIVE APPEAL:					
A survey of the property containing the legal description, land area, and existing improvements on the site. The survey shall be signed by a surveyor licensed in the State, and shall have been performed not more than two (2) years prior to the date of application. (if applicable)					
The legal description of the property.					
Proof of ownership (copy of deed or tax statement).					
Completed and notarized agent authorization (if applicable).					
Synopsis letter of reasons for request including: a description of the decision to be reviewed, the date of the decision, a statement of the interest of the person seeking review, a copy of the document being appealed, and a description of the specific error alleged as the grounds of the appeal.					
Materials as needed to illustrate nature of the request, including but not limited to, site plans, architectural drawings, photographs, copies of all permits applied for, etc. (Any site plans or drawings must be dimensioned and to scale.)					

You will receive a staff report one week before your meeting.

BOARD REVIEW:

The BOA will make one of the following decisions on the application:

- Reverse, wholly or partly, the administrative decision that is the subject of the administrative appeal;
- Affirm, wholly or partly, the administrative decision that is the subject of the administrative appeal; or
- Modify the administrative decision that is the subject of the administrative appeal.

The applicant or their agent must be present at the public hearing or the Board will not consider the application. The concurring vote of five (5) members of the BOA shall be necessary to reverse any administrative decision.

STAFF CONTACT:

Jacob Platt Senior Planner iplatt@fbfl.city 904-310-3482

OFFICE USE ONLY	
REC'D:	BY:
PAYMENT: \$	TYPE:
APPLICATION #:	
CASE #:	
BOARD MEETING DATE:	



APPLICATION FOR ADMINISTRATIVE APPEAL

APPLICANT INFORMATION		
Owner Name:		
Mailing Address:		
Telephone:	Fax:	
Email:		
Agent Name:		
Mailing Address:		
Telephone:		
Email:		
PROPERTY INFORMATION		
Street Address:		
Parcel Identification Number(s):		
Lot Number: Block	k Number:	_
REQUEST INFORMATION Brief description of request and requested of	action by the Board of Adjustment (use	additional sheets if necessary
SIGNATURE/NOTARY		
The undersigned states the above information is true	and correct as (s)he is informed and believes.	
Date	Signature of Applicant	
STATE OF FLORIDA		
COUNTY OF NASSAU		
Subscribed and sworn to before me this day of	, 20	
Notary Public: Signature	Printed Name	My Commission Expires
Personally Known OR Produced Identification	ation ID Produced:	

OWNER'S AUTHORIZATION FOR AGENT REPRESENTATION

I /WE		
,	(print name of property owner(s))	
hereby authorize:		
,	(print name of agent)	
to represent me/us in processing an applic	cation for:	
	(type of application)	
on our behalf. In authorizing the agent to made in good faith and that any informat		
(Signature of owner)	(Signature	of owner)
(Print name of owner)	(Print name	of owner)
STATE OF FLORIDA COUNTY OF NASSAU		
Subscribed and sworn to before me this _	day of, 20)
Notary Public: Signature	Printed Name	My Commission Expires
Personally Known OR Produc	ed Identification ID P	roduced: