

**PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES**

2509 Crill Avenue, Suite 300
Palatka, FL 32177
Fax: 386-329-1213
Email: pzb@putnam-fl.gov



Planning & Zoning: (386) 329-0491
Building: (386) 329-0307
Code Enforcement: (386)-329-0317
Website: www.putnam-fl.gov

APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

APPELLANT INFORMATION:

1. Name of Appellant(s): _____
2. Mailing Address(es): (street) _____
(city) _____ (state) _____ (zip) _____
3. Phone Number(s): _____
4. Email: _____
5. Appellant is: (check one)
 Owner of Subject Property Applicant for Land Use Action
 Adjacent Property Owner Other Interested Person

AFFECTED PROPERTY INFORMATION:

6. Case/Action Being Appealed: _____
7. Parcel ID Number(s): _____
8. Name of Property Owner(s): _____
9. 911 Address(es): (street) _____
(city) _____ (state) _____ (zip) _____
10. Driving Directions to the Property from Palatka: _____

11. Zoning Designation: _____ Future Land Use Designation: _____
12. Current Property Use(s): _____
13. Prior Zoning Actions on Property (include case number): _____

14. Applicable Comprehensive Plan and Land Development Code Standards Related to Appeal:

(Application Continued on Page 2)

YOUR SIGNATURE BELOW AFFIRMS THAT YOU HAVE READ AND AGREE TO THE TERMS OF THIS APPLICATION IN ITS ENTIRETY.

17. Signature(s) of Appellant(s):

(sign)

(sign)

(print)

(print)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, |

this ____ day of _____ 20____, by _____ who is
(Print Signer's Name)

personally known to me or who has produced _____ as identification.
(Type of Identification)

Notary Stamp

(Print, Type, or Stamp Commissioned Name of Notary)

Signature of Notary Public

AGENT DESIGNATION FORM

The applicant(s) does (do) hereby appoint and designate _____
as agent in fact for the owner(s) of parcel(s) _____

to present an application for an appeal of an administrative decision for all or a portion of the referenced parcel(s) and to present all evidence in support thereof to the Putnam County Zoning Board of Adjustment, and to respond to and furnish all information and data requested by said Board.

Print name of property owner(s)

Signature(s) of property owner(s)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, |

this ____ day of _____, 20____, by _____ who is
(Print Signer's Name)

personally known to me or who has produced _____ as identification.
(Type of Identification)

Notary Stamp

*(Print, Type, or Stamp Commissioned
Name of Notary)*

Signature of Notary Public

AGENT OATH AND SIGNATURE

The undersigned _____, being duly appointed as agent in fact for the above named owner(s) of the property whereby said owners are seeking an appeal of an administrative decision and the undersigned does hereby accept said appointment and will faithfully and truly carry out the request of said owner(s).

Signature of Agent: _____

Address: _____

Phone Number: _____

Email: _____

STATE OF _____
COUNTY OF _____
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization,
this ____ day of _____ 20____, by _____ who is <i>(Print Signer's Name)</i>
<input type="checkbox"/> personally known to me or <input type="checkbox"/> who has produced _____ as identification. <i>(Type of Identification)</i>
<div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 2em; opacity: 0.5; transform: rotate(-2deg);">Notary Stamp</div> <i>(Print, Type, or Stamp Commissioned Name of Notary)</i>
_____ Signature of Notary Public