Print Form

Notice to Appeal Application

Department of Planning & Development Services
300 North Park Avenue, Sanford, Florida 32771
Phone: 407.688.5140 **Fax:** 407.688.5141
www.sanfordfl.gov

I/we appeal a decision or rendering of the _____ (officer, board or agency of the City) concerning an application for a _____ , to wit:

1. Legal description of property:

   Tax Parcel No: ☐☐ ☐☐ ☐☐ ☐☐☐ ☐☐☐☐ ☐☐☐☐

   (Attach a computer print-out from the Seminole County Property Appraiser)

2. Address of property: _____

3. Original request: _____

4. Date of action and decision: _____

5. Action taken by: _____

I hereby understand and agree to pay all city fees related to this application as required by the city's adopted Fee Resolution.

Signature: _____ Date: _____

This application is submitted by:

Applicant/Agent:

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Property Owner:

Signature: _____ Print Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____ Date: _____

Official Use Only

Application No: _____ Fee: _____ Date: _____

Mail Notice to Applicant and Owner (date): _____ Notice to Administrative Official (date): _____

Advertisement Date: _____ Posting Date: _____

City Commission Hearing Date (not less than 30 or more than 60 days after complete application filed): _____

☐ Approved ☐ Denied