

ADMINISTRATIVE APPEAL

The purpose of an Administrative Appeal is to provide for procedures and processes to allow appeals in cases where persons disagree with the decision or interpretation of the County with respect to the administration of the Land Development Regulations.

In order for an Appeal request to proceed in a timely manner, the application forms must be completed and all items listed below must be submitted prior to the deadline, which is within 30 calendar days of the date of the action of decision complained of. Any application submitted incomplete or after the deadline will not be accepted by staff.

In order to preserve the status quo while the parties' rights are being determined, the County Manager or designee has the authority to issue a stop work order if the appealed action or decision permits construction to commence or continue.

The appeal shall be set for hearing at the next regularly scheduled Board of Adjustment (BOA) meeting for which adequate notice can be provided. The BOA shall hear and consider all facts material to the appeal and render a decision. The BOA may affirm, reverse or modify the action or decision appealed from, provided that the Board shall not take any action which conflicts with or nullifies any of the provisions of the Land Development Regulations or the Comprehensive Plan.

After the hearing, the BOA shall consider all of the evidence offered and shall render a verbal decision based upon such evidence. The verbal decision of the BOA shall be reduced to writing. The decision of the Board shall constitute final administrative review.

NOTE: The applicant or agent must be present at the meeting.

THE BURDEN OF PROOF IS UPON THE APPLICANT. Staff cannot draw the site plan, write the letter of request, or give legal advice. Fees cannot be waived and are non-refundable regardless of the Board of Adjustment's decision. ***No guarantee is made for approval of the appeal.***

An application is not considered complete until all the following information is received:

1. A detailed Letter of Request (dated and signed) in writing by the applicant.
2. Completed Administrative Appeal Application (attached).
3. Completed Certification of Application Form (attached). If an agent is handling the request, the owner must sign the application and affidavit authorizing said agent to act on their behalf.
4. Completed Affidavit of Owner and Limited Power of Attorney Application (attached), if owner is assigning an agent to act on his/her behalf.
5. Any evidence necessary to support the appeal, as noted in the procedures on page 2, and any attachments listed in the checklist on page 2 and eight (8) copies of each attachment (not including application forms) if larger than 8 ½" x 11" or if color copies.
6. If you have any further question or concerns please contact us at phone: 352-343-9641 Fax: 352-3439767
7. **Application Fees**
 - \$1050.00** – Application filing fee
 - \$0.42** – postage for each abutting property owner notification
 - Legal advertising fees to be calculated as follows:
\$30.58 + \$3.08 per line of legal describing the property.**
 - You may pay with a debit or credit card, however, an additional fee equal to 1% of the transaction total will be added for the convenience of using a debit or credit card.

Prior to submitting your application packet, you must make an appointment to discuss your case. Please call (352) 343-9422 and ask to speak with the Zoning Division Director.



ADMINISTRATIVE APPEAL

APPLICATION NUMBER _____

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Fax Number: () _____

LOCATION OF PROPERTY

Subdivision Name: _____

Street Address: _____

Property Reference Number: _____

Section _____ Township _____ Range _____ Parcel Id: _____

Zoning _____

BRIEF DESCRIPTION OF REQUEST (Appeal of Administrative Decision) Please be more detailed in your letter of request. _____

Please attach any additional information you believe would assist staff in their research.

ATTACHMENTS CHECK LIST

____ Legal Description ____ Proof of Ownership ____ Site Plan (if applicable)

____ Survey ____ Letter of Request (Dated, signed & notarized)

____ Copy of any correspondence from the Department of Growth Management (if applicable)

ADMINISTRATIVE APPEAL

APPLICATION NUMBER _____

TO BE COMPLETED BY STAFF ONLY:

Existing Zoning: _____

Future Land Use Designation: _____

Applicant is requesting an appeal regarding the following sections of the Lake County Development Regulations: _____

Section: _____ Township: _____ Range: _____

Planning Area: _____

Utility Area: _____

Utility Service Area: _____

Public Utilities: _____

Commission District: _____



**ADMINISTRATIVE APPEAL
CERTIFICATION OF APPLICATION**

APPLICATION NUMBER _____

I CERTIFY THAT I AM DULY QUALIFIED AS OWNER OR AUTHORIZED AGENT TO MAKE SUCH APPLICATION, THAT ALL INFORMATION GIVEN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THIS APPLICATION IS OF MY OWN CHOOSING, AND THAT STAFF HAS EXPLAINED ALL PROCEDURES RELATING TO THIS REQUEST. **I UNDERSTAND THAT THERE ARE NO GUARANTEES AS TO THE OUTCOME OF THIS REQUEST, AND THAT THE APPLICATION FEE IS NON-REFUNDABLE.**

Owner's Signature

Date

Agent's Signature

Date

Name of Agent: _____

Address: _____

State: _____ Zip Code: _____ Telephone Number: (____) _____

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did ___ or did not ___ take an oath.

(SEAL)

Notary Public (Signature)

My Commission Expires: _____



ADMINISTRATIVE APPEAL

AFFIDAVIT OF OWNER AND LIMITED POWER OF ATTORNEY

APPLICATION NUMBER _____

As owner of the property located at _____, Florida, property reference number _____, I hereby designate _____, for the sole purpose of completing this application and making a presentation to the Board of Adjustment, to request an Administrative Appeal.

This Limited Power of Attorney is granted on the _____ day of _____, the year of _____, and is effective until the Board of Adjustment has rendered a decision on this request and any appeal period has expired. The owner reserves the right to rescind this Limited Power of Attorney at any time with a written notarized notice to the Department of Growth Management.

Property Owner Signature

Date

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did ___ or did not ___ take an oath.

(SEAL)

Notary Public (Signature)

My Commission Expires: _____