

City of Punta Gorda, Florida



ZONING & CODE COMPLIANCE
 326 West Marion Avenue
 Punta Gorda, Florida 33950
 941-575-3352 Telephone
 941-575-3310 Fax
zoning@pgorda.us
pgcode@pgorda.us

APPLICATION FOR APPEAL

Date Received	Application Fee: \$500.00	EXISTING FILE #:
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Application and all pertinent required data (listed below) MUST be submitted with this application

1. Type of decision are you appealing?	<input type="checkbox"/> Staff <input type="checkbox"/> Board _____
2. What was the date of the decision?	_____
3. What is your existing file number?	_____
4. Applicant / Agent (Must be same as your original application)	
Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Email address: _____

5. Property Address				
Address: _____				
Parcel ID /Account #	Lot #	Block#	Section	Short Legal

6. Explanation for Appeal (be specific – include all supporting documentation)

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

AFFIDAVIT

Signature of Owner or Authorized Agent	Print Name & Title	Date
STATE OF _____)		
COUNTY OF _____)		
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 not take an oath.		
Notary Public, State of Florida	My commission Expires	(Seal)