



CITY OF PUNTA GORDA
 ZONING & CODE COMPLIANCE
 326 WEST MARION AVENUE
 PUNTA GORDA, FL 33950
 (941) 575-3352
 Zoning@CityofPuntaGordaFL.com

APPLICATION FOR APPEAL

DATE RECEIVED:	EXISTING FILE #				
	Application Fee: \$500.00				
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 _____		City _____	State _____	Zip _____	
Parcel ID /Account # _____	Lot # _____	Block# _____	Section _____	Short Legal _____	
6. Explanation for Appeal (be specific – include all supporting documentation)					
<p>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.</p> <p>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.</p>					
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)					