



Planning, Zoning & Building Department  
501 Bay Isles Road  
Longboat Key, Florida 34228  
Fax Number (941) 373-7938  
Web: <http://www.longboatkey.org>

(941) 316-1966

## APPEAL OF DECISION OF AN ADMINISTRATIVE OFFICIAL

Date Filed \_\_\_\_\_ Receipt \_\_\_\_\_ Petition # \_\_\_\_\_

**THE APPLICANT IS REQUIRED TO SUBMIT FIFTEEN (15) (ORIGINAL PLUS FOURTEEN (14) COPIES) INDIVIDUAL, COLLATED SETS OF THIS APPLICATION, SUPPORTING PLANS AND DOCUMENTS.**

( I ) ( We ) \_\_\_\_\_ of \_\_\_\_\_  
(name) (mailing address)

\_\_\_\_\_ request that a determination be made by the Zoning Board of Adjustment of the Town of Longboat Key on the following appeal from the ruling of an Administrative Official made on \_\_\_\_\_, 20\_\_\_\_.

This Petition concerns Section(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Paragraphs \_\_\_\_\_, \_\_\_\_\_ of the Town of Longboat Key Zoning Ordinance. Subject

property is located at \_\_\_\_\_ . The legal (street address)

description is as follows \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Lot(s) ) (Block) (Subdivision or Plat)

or \_\_\_\_\_  
(if otherwise legally described)

Lot Size \_\_\_\_\_ Present Zoning Classification \_\_\_\_\_

Present Use \_\_\_\_\_

Present Structures (type) and improvements upon the land \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this Petition is granted, the effect will be to \_\_\_\_\_

I ) ( We) believe that the Zoning Board of Adjustment should grant this Petition because (State below the grounds for administrative review; use additional sheet if necessary):

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LIST OF NAMES AND ADDRESSES OF ALL OWNERS OF PROPERTY WITHIN A DISTANCE OF 500 FT. FROM THE OUTSIDE EDGES OF THE PROPERTY INVOLVED WILL BE PROVIDED BY THE TOWN.

**At the conclusion of your plan review by the Town, you will be billed for additional staff time, Town Attorney cost, cost of advertising, and any other miscellaneous costs incurred with the processing of your application(s). Applicants will be invoiced within 30 days of final determination.**

( I ) ( We ) understand that this Petition becomes a part of the permanent records of the Zoning Board of Adjustment. ( I ) ( We ) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herewith are true to the best of (my) (our) knowledge and belief.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
The Owner has hereby designated the above signed person to act as his agent in regard to this Petition. (To be executed when Owner designates another to act on his behalf).

\_\_\_\_\_  
Print or type Agent Name

Mailing address you wish information sent to and telephone number:

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\_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

**Notarization of Agent's Signature:**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_  
as \_\_\_\_\_ for \_\_\_\_\_  
(type of authority) (name of party acting on behalf of)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name of Notary (print, typed or stamped)

Personally know \_\_\_\_\_ OR produced identification \_\_\_\_\_

Type of Identification \_\_\_\_\_

<b>FOR STAFF USE ONLY</b>	
Application Fee: \$ 1000.00 deposit* (Application fee will be deducted from deposit)	Receipt # _____
Application and Plans Accepted By: _____	Date: _____
File Code/Number: _____	

*\*Deposit required at time of formal submission*

At the conclusion of your plan review by the Town, you will be billed for additional staff time, Town Attorney cost, cost of advertising, and any other miscellaneous costs incurred with the processing of your application(s). Costs will be deducted from initial deposit. If costs exceed the initial deposit, you will be billed for the remaining costs incurred; or you will be refunded the unused portion of the deposit.