



City of Parkland Planning and Zoning Department

6600 University Drive
Parkland, FL 33067

Phone (954) 753-5040
Fax (954) 341-5161

STAFF USE ONLY

Intake Date: _____ By _____
Fee Paid: _____ Receipt # _____
Case #: _____
 Administrative review only (sec.22-204H.)
 Commission review only (sec. 22-199 J.2)
 Full review process (sec. 22-199 J.1)

ADMINISTRATIVE APPEAL APPLICATION

INSTRUCTIONS TO APPLICANT:

1. Please complete all questions on the application. If not applicable, indicate with N/A.
2. Provide required attachments as shown on the attached checklist.
3. Pay filing fees in the amount of five hundred and eighty dollars (\$580.00), an escrow in the amount of four hundred dollars (\$400.00) for advertisement fees and since advertising costs vary, the final amount will be reconciled upon receipt of invoices from the newspaper, **NOTE:** All cost recovery accounts must be current prior to any public hearing before the City Commission.

I. PROPERTY OWNER AND AGENT INFORMATION

Property Owner(s) of Record: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Applicant (if other than owner): _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Agent: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Consultants: If applicable to your request, please attach a separate list of all consultants that will provide information on this request. You should include the name, address, telephone number, and fax number as well as the type of professional service provided.

II. PROPERTY LOCATION

A Folio Number: If additional folios, list on a separate sheet and attach to the application.

Folio: [][]--[][]--[][]--[][]--[][]--[][][]--[][][][]

B. Section:_____ Township:_____ Range:_____ Total Acreage of Subject Property _____

C. Project Name:_____

D. Project Address: _____

E. General Location Description (proximity to closest major intersection in miles or fractions thereof): _____

III. LAND USE AND ZONING INFORMATION

A. Zoning Designation:_____ Future Land Use Designation:_____

B. Existing Use(s) on Property:_____

C. Proposed Use(s):_____

IV. ADMINISTRATIVE APPEAL REQUEST

A. Decision made by Administrative Staff that you are appealing:_____

V. APPLICANT'S STATEMENT OF JUSTIFICATION

A. The applicant is to explain why you are appealing the decision made by staff. _____

OWNER ACKNOWLEDGEMENT

I/We: _____, do hereby swear/affirm that I/we am/are the owner(s) of the property referenced in this application

I/We 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. Further, I/we understand that this application, attachments and fee become part of the official record of the Planning & Zoning Department of the City of Parkland and the fee is not refundable. I/We understand that any knowingly false information given by me/us will result in the denial, revocation or administrative withdrawal of the application or permit. I/We further acknowledge that additional information may be required by the City of Parkland in order to process this application.

I/We further consent to the City of Parkland to publish, copy or reproduce any copyrighted document for any third party submitted as part of this application.

Signature(s) of Owner(s) _____

Print Name(s) _____

CONSENT STATEMENT

Owner to complete if using agent/representative

I/We, the aforementioned owner(s), do hereby give consent to _____ to act on my/our behalf to submit this application, all required material and documents, and attend and represent me/us at all meetings and public hearings pertaining to the request(s) and property I/we own described in the attached application. Furthermore, as owner(s) of the subject property, I/we hereby give consent to the party designated above to agree to all terms or conditions that may arise as part of the approval of this application for the proposed use.

Signature(s) of Owner(s) _____

Print Name(s) _____

NOTARY

STATE OF FLORIDA
COUNTY OF _____

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

(Signature of Notary) My Commission Expires: _____

(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)



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ADMINISTRATIVE APPEAL SUBMITTAL CHECKLIST

PLEASE CHECK

YES NO N/A

a. *A completed, notarized application signed by owner, agent and/or applicant. Agent's authorization or power of attorney must be attached if applicant is other than owner.*

b. *Required application fees.*

c. *One (1) copy of a warranty deed including property control number or folio number and legal description of the property.*

d. *Number of Planning and Zoning Members plus three (3) copies of completed application.*



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ADMINISTRATIVE APPEAL PROCESS

