



**APPLICATION FOR
ADMINISTRATIVE APPEAL
FEE \$250.00**

**Planning and Development
Land Development Division**
330 W. Church St.
P.O. Box 9005, Drawer GM03
Bartow, FL 33831-9005
(863)534-6449
FAX (863) 534-5908

For Office Use Only

Appeal # _____ Date Received _____ By: _____
 DMS Project # _____ BOCC Hearing Date: _____

	Appellant Information
Name	
Contact Number	
Fax Number	
Mailing Address	
Email Address	

ACTION REQUESTED

I (We) the undersigned request a hearing before the Board of County Commissioners for the purpose indicated below:

- ___ Provisions of the Polk County Land Development Code (Chapter and Section Number)
- ___ Appeal of Administrative Decision (Attach copy of Administrative Decision)
- ___ Appeal of Administrative Interpretation (Attach copy of Administrative Interpretation)
- ___ Appeal of Administrative Determination (Attach copy of Administrative Determination)

DETAILED REQUEST

A. Please describe in detail the nature of the problem to be interpreted and the reason for the request:

B. Describe or attach any supportive information which substantiates your position:

I, the undersigned owner, or appellant, hereby submit this application with the attached information. The information and documents provided are complete and accurate to the best of my knowledge.

Signature of Owner or Appellant

Date

Printed or Typed Name of Owner or Appellant

Date