



NOTICE OF APPEAL OF ADMINISTRATIVE INTERPRETATION OF THE VOLUSIA COUNTY COMPREHENSIVE PLAN

APPELLANT: Name, E-Mail Address, Street Address, Phone, City, State, Zip

STATUS: Owner, Agent for Owner, Attorney for Owner

OWNER: Name, E-Mail Address, Street Address, Phone, City, State, Zip

- 1. State the date of the administrative interpretation you seek to appeal to the Volusia County Council:
2. Identify the type of action which you seek review of an administrative interpretation of the Volusia County Comprehensive Plan:
[] Request for delineation of boundaries of land use categories under the "Areas Between Future Land Use Categories" provision found in the Future Land Use Element.
[] Any other action which requires a comprehensive plan interpretation.

Specify the grounds you rely upon to support your argument against the administrative interpretation:

Provide the following information:

The property is located in Section _____, Township _____ South, Range _____ East.

Tax Parcel Number: _____ - _____ - _____ - _____ Size of Parcel: _____ sq. ft./acres

Address of Property: _____

This property is located on the N-E-S-W side of _____ Rd./St./Ave. approximately _____ feet/miles N-E-S-W from its intersection with _____ Rd./St./Ave. The property is near _____ in the community of _____, and/or adjacent to the City of _____.

CASE NO: _____

- **1 Copy of the administrative interpretation subject to appeal**
- **2 Current Surveys of Property or Copy of Recorded Subdivision Plan**
- **2 Copies of Legal Description**
- **Notarized Authorization of Owner (if applicant is other than owner or attorney for owner)**

THIS SECTION MUST BE FILLED OUT BY ALL APPLICANTS.

This application will be considered at the Volusia County Council Public Hearing on _____ (mo/day/yr), in the County Council meeting room of the Thomas C. Kelly Administration Center, 123 W. Indiana Avenue, DeLand, FL 32720, beginning at _____ a.m.

There is a \$454.00 filing fee for this Appeal.

Signature of Applicant: _____

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DO NOT WRITE BELOW THIS LINE

Date Received: _____ (mo/day/year) Application Accepted By: _____

FILING FEE PAID: \$ _____ CHECK #: _____ RECEIPT NO.: _____

Case No.:	Name:	Date of Appeal Hearing:
_____	_____	_____