



**COUNTY OF VOLUSIA
PLANNING AND ZONING
REHEARING AND APPEAL APPLICATION FORM**

Mail or hand deliver completed application to:
**GROWTH AND RESOURCE MANAGEMENT DEPARTMENT
PLANNING AND DEVELOPMENT SERVICES DIVISION**
123 W. Indiana Avenue, Room 202, DeLand, FL 32720-4604
(386) 736-5959 planning@volusia.org

TYPE OF APPLICATION:

(Check all that apply)

- REHEARING BY THE
 - PLANNING & LAND DEVELOPMENT REGULATION COMMISSION (PLDRC) COUNTY COUNCIL
- APPEAL OF
 - PLANNING & LAND DEVELOPMENT REGULATION COMMISSION (PLDRC) DECISION
 - ZONING ENFORCEMENT OFFICIAL (ZEO) DETERMINATION
 - ADMINISTRATIVE INTERPRETATION OF THE COMPREHENSIVE PLAN
 - ADMINISTRATIVE (660') BOUNDARY ADJUSTMENT

SUBJECT OF REHEARING/APPEAL:

CASE NUMBER: _____

HEARING OR DETERMINATION DATE: _____

DECISION RENDERED: _____

TAX PARCEL NUMBER: _____

PROPERTY ADDRESS: _____

REASON FOR REHEARING OR APPEAL:

(This request should state in detail what facts or points of law the Commission or Council may have overlooked or misapprehended). Please state the reason(s) for your appeal or legal right / pecuniary interest was invaded by:

I request the County Council reverse or modify the decision to the extent that: _____

DUE PUBLIC NOTICE: The applicant is responsible for all due public notice required by section 72-378, 72-380, and 72-381 of Chapter 72 – Land Planning, as amended.

REHEARING NOTE: I understand that I must serve by certified mail or hand delivery upon the Chairman of the Commission or County Council and the County Manager and all adjoining property owners previously notified of the hearing, together with a notice stating the date, time, and place my request for rehearing will be orally presented to the Commission or County Council. If my request is granted, the rehearing fee must be paid prior to the rehearing.

APPEAL NOTE: An appeal is based on the record and no new evidence shall be introduced. The appeal fee must be paid with the submission of appeal form.

LOCATION: This application will be considered at the Commission or County Council public hearing in the County Council Meeting Room of the Thomas C. Kelly Administration Center, 2nd floor, 123 W. Indiana Avenue, DeLand, FL 32720, at a date and time certain to be determined.

**APPLICANT INFORMATION:	
NAME: _____	<input type="checkbox"/> PRIMARY CONTACT
COMPANY: _____	
ADDRESS: _____	
CITY, STATE, ZIP: _____	
PHONE: (____) _____ FAX: (____) _____ EMAIL: _____	

**If the Applicant is not a property owner, then a Notarized Authorization of Property Owner, if applicable must be completed.

OWNER INFORMATION:	
NAME: _____	<input type="checkbox"/> PRIMARY CONTACT
COMPANY: _____	
ADDRESS: _____	
CITY, STATE, ZIP: _____	
PHONE: (____) _____ FAX: (____) _____ EMAIL: _____	

CERTIFICATION AND STATEMENT OF UNDERSTANDING

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and/or revocation of any approval based upon this application.

I hereby authorize Volusia County staff permission to view and enter upon the subject property for the purposes of investigating and reviewing this request.

I understand that this application and payment of fees for the processing and public hearing advertisement does not imply or guarantee that the application will be approved.

I acknowledge that a complete application includes all fees and all required supplemental information and that applications determined to be incomplete shall not be scheduled for public hearing and may be returned to the applicant prior to acceptance.

I filed this request on _____ (mo/day/yr), which is within 10 working days after the rendition of decision by the Commission or Council.

APPLICANT(S) SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

TO BE COMPLETED BY COUNTY STAFF:



Date Stamp:		Received by:	
Fee Paid: <small>(Breakdown of fees must be attached)</small>		Application #(s):	
Original Case Number:		RSN:	
Appeal or Rehearing Date and Time Certain:			

NOTARIZED AUTHORIZATION OF OWNER

I/We, _____,
(owners name)
as the sole or joint fee simple title holder(s) of the property described as: _____

(legal description or parcel number)

authorize _____ to act as my agent
(applicants name)

to seek _____ on the above property.
(appeal, rehearing, rezoning, special exception, or variance)

My application will be heard at a public hearing on _____(mo/day/yr) before
the Planning and Land Development Regulation Commission (PLDRC) and/or
on _____(mo/day/yr) before the Volusia County Council (if applicable), unless
continued or rescheduled at the public hearing.

OWNER'S SIGNATURE

OWNER'S SIGNATURE

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(date)
by _____, who is personally
(name of person acknowledging)
known to me or who has produced _____ as
(type of identification)
identification and who did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA
Type or Print Name:

Commission No.: _____

My Commission Expires: _____