

ADMINISTRATIVE APPEAL APPLICATION

CASE#	
Meeting Date 1:	
Meeting Date 2:	
Date Received: Date Stamp	

City of New Port Richey Development Department City Hall, 5919 Main Street, 1st Floor New Port Richey, FL 34652 Phone (727) 853-1039 Fax (727) 853-1052

* Please print legibly or use fillable form *

- □ Submit original signed and notarized application
- □ Submit \$500 application fee

PETITIONER AND REPRESENTATIVE INFORMATION:

Petitioner(s):			
Mailing Address:			
(Street, City, State, Zip Code for all owners)			
Daytime Phone Number:		Fax Number:	
Email or Alternate Contact Information:			
Representative(s) of Petitioner(s):			
Relationship to Petitioner(s):			
Mailing Address:			
(Street, City, State, Zip Code)			
Daytime Phone Number:		Fax Number:	
Email or Alternate Contact Information:			
Who is the PRIMARY contact for this application?			
SUBJECT PROPERTY INFORMATION:			
O more than the			
General Location:			
Street Address:			_
Size of Site:	square feet		acres
Legal Description:			
Parcel Number(s):			
Existing Categories: Zoning District:		Land Use Category	
Existing Use and Size:			
(Existing number of dwelling units or square footage of non-res	sidential use on the	property)	

REQUESTED APPEAL:

(state title and/or position, i.e. Building Official, City Manager, etc.)						
This decision involves (state nature of decision)						
This decision was made on days from that decision.	20	My appeal has been submitted within 30				
The basis of the appeal is as follows	(attach additional sh	neets as necessary):				

NOTE FOR QUASI-JUDICIAL PROCEEDINGS:

I understand the hearing process to review this application is considered quasi-judicial and operates much like a court of law. Board and City Council members act in a similar capacity as a judge and must govern themselves in accordance with the basics of due process in making decisions. I understand that contact with any of these members about my application should be avoided. I also understand these members have been instructed to avoid all such conversations with applicants or people in opposition to or support the case. I further understand that decisions will be made based on evidence and testimony that was presented at scheduled public hearings and not on information gathered outside of these hearings.

ATTENDANCE AT MEETINGS:

The petitioner or petitioner's representative needs to be present at all meetings. Call Development Department Staff 727-853-1039 to find out when this case will be scheduled.

AUTHORIZATION FOR PETITIONER'S REPRESENTATIVE(S): ____, petitioner, hereby authorize to act as my representative(s) in all matters pertaining to the processing of this application. I agree to be bound by all representations and agreements made by the designated representative. Signature of Petitioner(s): Date: Subscribed and sworn to before me this ______ day of ______, 20_____ who is personally known to me and/or produced ______ as identification. Subscribed and sworn to before me this ___ STATE OF FLORIDA, COUNTY OF PASCO Notary Public _____ My Commission Expires: PETITIONER'S AFFIDAVIT: _____, petitioner or authorized representative, certify that I have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all aspects true and correct, to the best of my knowledge. (Applications which are filed by corporations must bear the seal of the corporation over the signature of an officer authorized to act on behalf of the corporation.) Signature of Petitioner or Authorized Representative: Subscribed and sworn to before me this ______ day of ______ , 20_____ who is personally known to me and/or produced ______ as identification. STATE OF FLORIDA, COUNTY OF PASCO Notary Public My Commission Expires: