

Fee: \$1000.00

PROJECT #: _____



DEVELOPMENT SERVICES
 1101 EAST FIRST STREET
 SANFORD, FLORIDA 32771
TELEPHONE: (407) 665-7371
FACSIMILE: (407) 665-7385
E-MAIL: PLANDESK@SEMINOLECOUNTYFL.GOV

APPEAL DECISION OF BOA OR PZC TO BCC

APPELLANT INFORMATION

Name: _____

Address: _____ City: _____ Zip code: _____

Telephone Number(s): _____

Email Address: _____

APPEAL INFORMATION

Project name and number being appealed: _____

Project Address: _____ City: _____ Zip code: _____

Tax/Parcel ID Number: _____

Appealing decision of: _____

Decision date: _____

Signature: _____ **Date:** _____

SUBMITTAL CHECKLIST		Submittal requirements vary based upon the decision being appealed. All items must be provided prior to scheduling the BCC hearing.
<input type="checkbox"/>	Completed application.	
<input type="checkbox"/>	Written Notice of Appeal.	
<input type="checkbox"/>	Appeal fee.	
<input type="checkbox"/>	Additional information and supporting documents.	