APPLICATION FOR ADMINISTRATIVE APPEAL



PLANNING AND ZONING DEPARTMENT

CITY OF INDIAN ROCKS BEACH

www.indian-rocks-beach.com

There is a link to the Indian Rocks Beach Code of Ordinances at the website noted above.

(This form was revised February 2014 and replaces and supersedes all previous application forms)

What is an administrative appeal?

Sec. 2-149. - Procedures for administrative appeals, special exceptions and variances.

Applications for administrative appeals, variances and special exceptions are first submitted to the board of adjustments and appeals for recommendation and then to the city commission for final decision. Application forms and support materials and information shall be filed by the applicant or his agent with the planning and zoning director, who shall post or cause to be posted on the subject property a ten-day notice of the time and place when the board and city commission will consider the subject matter of the application and notify all property owners within 150 feet in any direction of the property which is the subject matter of the application. Such notification shall be by first-class mail, stating the date, time and place of the meeting as well as a brief description of the subject matter of the application. The concurring vote of the majority of the board members present shall be necessary to recommend to reverse any order, requirement, decision, or determination of any administrative official or to recommend a decision in favor of the applicant on any matter. The recommendation of the board shall be submitted to the city commission for final decision.

Sec. 2-150. - Administrative appeals.

(a) Any person aggrieved by any decision made under subpart B by the building and zoning official shall appeal within 30 days after rendition of the order, requirement, decision or determination appealed from, in writing, to the board of adjustments and appeals, and file supporting facts and data with the planning and zoning director. This does not, however, restrict the filing of a request for special exception use or variance by any person at any time except as provided elsewhere in subpart B.

(b) Upon receipt of such administrative appeal, the planning and zoning director shall examine such administrative appeal application and, together with all documents, plans, papers or other material constituting the record upon which the action appealed was taken, transmit such material to the board.

(c) An appeal to the board stays all work on the premises and all proceedings in furtherance of the action appealed from unless the official from whom the appeal was taken shall certify to the board, by reason of the facts stated in the certificate, that a stay would cause imminent peril to life or property. In such case, proceedings or work shall not be stayed except by a restraining order, which may be granted by the city commission or a court of competent jurisdiction, on application, on notice to the officer from whom the appeal is taken, on due cause shown.

What materials must be included to complete an application?

- Application for administrative appeal
- Agent of record
- Certification
- ☑ Survey
- Plans, other drawings or supplementary information

Is there a fee to submit an application?

Yes, the fee for submitting an application is one hundred (\$100.00) Dollars, as set forth in Code Section 15-21, Schedule of fees. The applicant shall pay the advertising and notification costs of the public hearing prior to a permit being issued, or within 30 days after final action.

NOTE: Advertising includes the cost of running ads in the newspaper. Notification costs include the cost of postage for each letter mailed to surrounding property owners within 150 feet of the subject property for both the Board of Adjustment and Appeals hearing and the hearing before the City Commission.

In signing this application the applicant is responsible for these fees regardless of whether the application is approved or disapproved by the City Commission.

What is the application process?

Each application is assigned a BOA Case number and is scheduled for two public hearings. The schedule is determined by the date the application is received by the department. Hearing one is before the Board of Adjustment and Appeals. The board will make a recommendation to either approve or deny the request. The recommendation will be forwarded to the City Commission, who will render a final decision during hearing two. The required application forms are provided on-line at http://www.indian-rocks-beach.com and at City Hall. application and fees are accepted only in person. This ensures that the package is complete and provides an opportunity for the applicant to discuss any concerns with the Planning and Zoning Department.

APPLIC	ATION FOR ADMIN	IISTRATIVE	APPEAL
CITY OF INDIAN R	OCKS BEACH PLANN	ING AND ZON	ING DEPARTMENT
Enquiries: Tel: (727) 517-0404 Web: <u>://www.indian-rocks-bea</u> Address: 1507 Bay Palm Boule	ach.		5
For Office Use Only	Application No.		Date Received
APPLICANT		AGENT/REP	RESENTATIVE
Name:		Name:	
Address:		Company:	
City:		Address:	
Zip Code:		City:	
Tel:		Zip Code:	
Fax:		Tel:	
Mobile:		Fax:	
Email:		Mobile:	
		Email:	
SITE DETAILS			
Address:		Parcel ID:	
City:		Zip Code:	
Legal Description:			
Zoning:	Fut	ure Land Use:	
Size:			

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SITE DETAILS CONTINUED			
Does applicant own any property contiguous to the subject property	y? 🗌 Yes	🗌 No	
If yes, provide address and legal description:			
Have previous applications been filed for this property?	Yes	No No	
If yes, describe:			
Has a certificate of occupancy or completion been refused?	Yes	🗌 No	
If yes, describe:			
Does any other person have ownership or interest in the property?	Yes	No	
If yes, is ownership or interest contigent or absolute:			
Is there an existing contract for sale on the property?	Yes	No	
If yes, list all parties on the contract:			
Is contract conditional or absolute?	Conditional	Absolute	
Are there options to purchase?	Yes	No No	
ADMINISTRATIVE APPEAL REQUEST			
This appeal is in reference to a: Decision made by a city	y official		
Date of decision or determination:			

ADMINISTRATIVE APPEAL REQUEST CONTINUED...

Please provide the following information as applicable:

Case number:	
Resolution number:	
Date of final hearing:	
Code Section:	

Provide a detailed description of the historical context of the decision (i.e., timeline):

Provide a detailed description of the relief that is requested:

In your opinion, provide reason(s) why the original decision was made:

Provide details of the evidence that was presented during the original hearing:

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CERTIFICATION

Date:	
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I hereby certify that I have read and understand the contents of this application, and that this application together with supplemental data and information, is a true representation of the facts related to the request; that this application is filed with my approval, as owner, evidenced by my signature appearing below.

It is hereby acknowledged that the filing of this application does not constitute automatic approval of the request. Further, if the request is approved, I will obtain all necessary permits and comply with all applicable orders, codes, conditions and regulations pertaining to the use of the property.

I hereby grant authorization to any city official to inspect, as reasonable times, the site of the request.

Name:	Signature:	

Before me this date personally appeared:

Who, being first duly sworn, deposes and attests that the above is a true and correct certification.

Sworn to and subscribed before me this:

Day:			
Month:			
Year:			
Notary Public Sta	ate of Florida at Large:]
Notary Public Co	mmission Expiration:]
State of Florida County: Pinellas			
		NS MUST BEAR THE SEAL OF T ORIZED TO ACT ON BEHALF C	

	AGENT OF RECORD
Date:	
Ι,	Hereby designate and appoint:
Department's reauthority to ma desirable in con	Frecord for the purposes of representing me during the Planning and Zoning eview process of my application. My agent of record is hereby vested with ake any representations, agreements or promises, which are necessary or junction with the review process. My agent of record is authorized to accept or tions imposed by any reviewing board or entity.
Name:	Signature:
My agent of reco	ord may be contacted at:
Company:	
Address:	
City/State:	Zip Code:
Telephone:	
Fax:	
Before me this c	late personally appeared:
Who, being first certification.	st duly sworn, deposes and attests that the above is a true and correct
Sworn to and su	bscribed before me this:
Day:	
Month:	
Year:	
Notary Public St	ate of Florida at Large:
Notary Public Co	ommission Expiration:
State of Florida County: Pinellas	

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