City of Pompano Beach
Department of Development Services
Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4634 **Fax:** 954.786.4666

Appeal Application

155.2424. APPEAL

(Below is a summary of Section 155.2424. For the complete language, please refer to the Zoning Code)

PROCEDURE

1. Application submittal to the Development Services Director within 30 days of date of decision(s) for Appeal.
2. Review by the Development Service Director.
3. Final Decision by applicable Advisory Board or City Commission, following a quasi-judicial hearing.

APPLICATION CHECKLIST

1) The following paper documents are to be submitted to the Planning & Zoning Department:

PAPER	☐	One (1) completed application with original signatures.*
	☐	Proof of ownership (owner's certificate form must be completed by owner).*
	☐	Application Fee as established by resolution of the City Commission

*Updated copies of the application, proof of ownership, or narrative may be required if information has changed. For example, if the property ownership changes, the owner's certificate and application will need to be revised with the city file.

2) The following digital documents are also to be submitted to the Planning & Zoning Department via CD or USB drive:

DIGITAL	☐	Written Notice of Appeal including copy of decision being appealed. Written Notice of Appeal must be on letterhead, dated, and with author indicated.
	☐	Current survey. *Surveys to be recent and must show all improvements on the property and legal description*
	☐	Legal Description of property (in Word/text format)

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STREET ADDRESS		**Zoning District**
SUBDIVISION	**BLOCK #**	**LOT #**

Applicant's interest in property (Owner, Lessee, Etc)	
Has any previous application(s) been filed?	Yes _____ No _____
If Yes, give date of hearing and finding	

Request	

Owner's Representative or Agent	**Landowner (Owner of Record)**
Business Name	**Business Name**
Print Name and Title	**Print Name and Title**
Signature	**Signature**
Date	**Date**
Street Address	**Street Address**
Mailing Address City/ State/ Zip	**Mailing Address City/ State/ Zip**
Phone Number	**Phone Number**
Email	**Email**

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OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.
.

Owner's Name: _____
(Print or Type)
Address: _____

_____
(**Zip Code**)
Phone: _____

Email address: _____

_____
(**Signature of Owner or Authorized Official**)

SWORN AND SUBSCRIBED before me this _____ day of _____ , _____.

_____
NOTARY PUBLIC, STATE OF FLORIDA

_____
(Name of Notary Public: Print, stamp, or Type as Commissioned.)

[ ] Personally know to me, or
[ ] Produced identification: _____
(Type of Identification Produced)