

Fee: \$1000.00

PROJECT #: _____



DEVELOPMENT SERVICES
 1101 EAST FIRST STREET
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APPEAL OF DECISION BY BOA, PZC, OR DRC TO BCC
 Including Decisions by Director or Manager

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.	