

**PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES**

2509 Crill Avenue, Suite 300
Palatka, FL 32177
Fax: 386-329-1213
Email: pzb@putnam-fl.gov
Website: <https://www.putnam-fl.gov>



Planning: 386-329-0491
Zoning: 386-329-0316
Building: 386-329-0307
Code Enforcement: 386-329-0317

APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

1. Name of Appellant(s) _____ Mailing Address(es) (Street, City, State, Zip): _____

2. Appellant's Telephone Number: _____

3. Appellant's Email: _____

Appellant is: (check one)

- ☐ Owner of subject property ☐ Applicant for land use action
☐ Adjacent property owner ☐ Other interested person

3. Parcel Number of Affected Property: _____

5. Name of Property Owner(s) _____ Address(es): _____

6. Driving directions to affected property from Palatka: _____

7. Current zoning designation: _____ Future Land Use designation: _____

8. Current Use of affected property: _____

9. Prior zoning actions on affected property (include case number): _____

10. Applicable Comprehensive Plan and Land Development Code Standards Related to Appeal: _____

11. Case/Action being appealed: _____

12. Specify grounds for appeal and state reasons why administrative decision should be overturned by the Zoning Board of Adjustment (Use additional sheet(s) of paper, if necessary):

13. Signature(s) of Appellant(s):

Contact Information:

(sign)

Phone: _____

Address: _____

(print)

(sign)

Phone: _____

Address: _____

(print)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____, by _____ who is
(Print Signer's Name)

☐ personally known to me or ☐ who has produced _____ as identification.
(Type of Identification)



(Print, Type, or Stamp Commissioned
Name of Notary)

Signature of Notary Public

AGENT DESIGNATION FORM

The applicant(s) does (do) hereby appoint and designate _____
as agent in fact for the owner(s) of parcel(s) _____

to present an application for an appeal of an administrative decision for all or a portion of the referenced parcel(s) and to present all evidence in support thereof to the Putnam County Zoning Board of Adjustment, and to respond to and furnish all information and data requested by said Board.

Print name of property owner(s)

Signature(s) of property owner(s)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____, by _____ who is
(Print Signer's Name)

☐ personally known to me or ☐ who has produced _____ as identification.
(Type of Identification)

Notary Stamp

*(Print, Type, or Stamp Commissioned
Name of Notary)*

Signature of Notary Public

AGENT OATH AND SIGNATURE:

The undersigned _____, being duly appointed as agent in fact for the above named owner(s) of the property whereby said owners are seeking an appeal of an administrative decision and the undersigned does hereby accept said appointment and will faithfully and truly carry out the request of said owner(s).

Signature of Agent: _____

Address: _____

Telephone Number: _____

Email Address: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____, by _____ who is
(Print Signer's Name)

☐ personally known to me or ☐ who has produced _____ as identification.
(Type of Identification)

Notary Stamp

*(Print, Type, or Stamp Commissioned
Name of Notary)*

Signature of Notary Public