

INDIAN RIVER COUNTY
1801 27TH STREET, VERO BEACH FL, 32960

REQUEST FOR APPEAL BY AFFECTED PARTY

APPEAL OF:

- Decisions of the Community Development Director or Designee; AND
- Actions/Decisions of the Planning and Zoning Commission (PZC)

FEES:

- I. Appeal of Site Plan Project Action/Decision:
Appeal by affected party: \$900.00
- II. Appeal of Staff Determination: \$800.00

Project name & number _____

OWNER: (PLEASE PRINT)

APPLICANT: (PLEASE PRINT)

NAME

NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

PHONE

PHONE

EMAIL

EMAIL

CONTACT PERSON

CONTACT PERSON

SIGNATURE OF OWNER
(or attach letter of authorization)

SIGNATURE OF APPLICANT

Site Address (If Applicable): _____

1. What is being appealed? _____
- _____
- _____
- _____
- _____

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2. Reason(s) for the appeal _____

3. What staff (or P&ZC) error(s) is alleged? _____

4. What land development regulation (LDR) provision(s) have allegedly been improperly interpreted or applied _____

5. What LDRs and/or Comprehensive Plan goals, objectives, policies support your position?

NOTE: Supplemental or additional information may be attached. If such information is being attached, please list here what is being attached:

- 1.
- 2.
- 3.

OFFICE USE ONLY:

FEE PAID: _____

DATE RECEIVED: _____ DATE ACCEPTED: _____