

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

REQUEST FOR APPEAL BY PROJECT APPLICANT

APPEAL OF:

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

FEE: NONE

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? _____

2. Reason(s) for the appeal _____

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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:

DATE RECEIVED: _____ DATE ACCEPTED: _____