

**PASCO COUNTY NOTICE OF APPEAL
PURSUANT TO SECTION 407.1 OF A
FINAL DETERMINATION BY AN ADMINISTRATIVE TRIBUNAL**

APPLICATION NO.: _____

1. Name of Applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____
2. Name of Agent, if applicable: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____
(Attach completed Agent of Record)
3. Application Fee \$2500.00: _____
4. The undersigned requests review of the decision made by the:
_____ Planning Commission
_____ Development Review Committee
5. The decision was made on: _____
6. Attach a copy of the final determination that is being appealed.

The administrative appeal shall be initiated by the aggrieved person filing with the County Administrator or his designee and shall include:

1. An application fee, Notice of Appeal application signed by applicant or authorized representative, copy of decision being appealed and statement for relief must be filed within **30 days** after the final written rendition of the order, requirement, decision, interpretation, or determination appealed from; and
2. A complete Appeal application within **60 days** after the final written rendition of the order, requirement, decision, interpretation, or determination appealed from.

Failure to timely file the application fee, Notice of Appeal, or complete Appeal application within the required time periods shall foreclose the right to initiate the administrative appeal.

A complete Appeal application includes:

1. The verbatim transcript shall consist of the complete discussion of the Planning Commission or Development Review Committee meeting for the matter being appealed.
2. Justification for the relief requested, including citations to the specific portions of the transcript, Land Development Code, and Comprehensive Plan relevant to the relief requested.

Each Notice of Appeal shall be accompanied by a separate application fee and treated as a separate appeal application; provided, however, that the County Administrator or his designee may consolidate related appeal applications for agenda, notice, and public hearing purposes.

Please submit all Appeal Applications to the following:

Pasco County Government Center
ZONING & SITE DEVELOPMENT
8731 Citizens Drive, Suite 230
New Port Richey, FL 34654
727-847-8142

_____ Date

_____ Applicant's Signature

STATE OF FLORIDA

COUNTY OF PASCO

I HEREBY CERTIFY that on this day personally appeared before me this _____ (date), by _____
_____ (name of person acknowledging),
who is personally known to me or who has produced _____
_____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, _____.

NOTARY PUBLIC
State of Florida at Large

My Commission Expires:

FOR OFFICIAL USE ONLY

ACCEPTED BY: _____

PROCESSED BY: _____

Check No.: _____