



Department of Growth Management Administrative Appeal Guide

The purpose of an Administrative Appeal is to provide for procedures and processes to allow appeals in cases where persons disagree with the decision or interpretation of the County with respect to the administration of the Land Development Regulations.

In order for an Appeal request to proceed in a timely manner, the application form (attached) must be completed and all items listed below must be submitted prior to the deadline, which is within 30 calendar days of the date of the action or decision complained of. Any application submitted incomplete or after the deadline will not be accepted.

In order to preserve the status quo while the parties' rights are being determined, the County Manager or designee has the authority to issue a stop work order if the appealed action or decision permits construction to commence or continue.

The appeal shall be set for hearing at the next regularly scheduled Board of Adjustment (BOA) meeting for which adequate notice can be provided. The BOA shall hear and consider all facts material to the appeal and render a decision. The BOA may affirm, reverse or modify the action or decision appealed from, provided that the Board shall not take any action which conflicts with or nullifies any of the provisions of the Land Development Regulations or the Comprehensive Plan.

After the hearing, the BOA shall consider all of the evidence offered and shall render a verbal decision based upon such evidence. The verbal decision of the BOA shall be reduced to writing. The decision of the Board shall constitute final administrative review.

NOTE: The applicant or agent must be present at the meeting.

THE BURDEN OF PROOF IS UPON THE APPLICANT. Staff cannot draw the site plan, write the letter of request, or give legal advice. Fees cannot be waived and are non-refundable regardless of the Board of Adjustment's decision. ***No guarantee is made for approval of the appeal.***

An application is not considered complete until all the following information is received:

1. A detailed Letter of Request, which must be dated and signed by the applicant.
2. Completed Administrative Appeal Application (attached).
3. Completed Certification of Application Form (attached). If an agent is handling the request, the owner must sign the application and affidavit authorizing said agent to act on their behalf.
4. Completed Affidavit of Owner and Limited Power of Attorney Application (attached), if owner is assigning an agent to act on his/her behalf.
5. Any evidence necessary to support the appeal, as noted in the procedures on page 2, and any attachments listed in the checklist on page 2 and eight (8) copies of each attachment (not including application forms) if larger than 8 ½" x 11" or if color copies.
6. If you have any question or concerns please call us at 352-343-9641 or email us at zoning@lakecountyfl.gov.
7. Application Fees
 - \$1050.00 – Application filing fee
 - \$0.42 – postage for each abutting property owner notification
 - Legal advertising fees, calculated as follows:
\$30.58 + \$3.08 per line of legal describing the property.

You may pay with a debit or credit card, however, an additional fee equal to 1% of the transaction total will be added for the convenience of using a debit or credit card.



Department of Growth Management Administrative Appeal Application

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

LOCATION OF PROPERTY:

Street Address: _____

Alternate Key Number(s): _____

Section _____ Township _____ Range _____

BRIEF DESCRIPTION OF REQUEST (Appeal of Administrative Decision) Please be more detailed in your letter of request. _____

ATTACHMENT CHECK LIST: Legal Description Proof of Ownership Survey
 Site Plan (if applicable) Letter of Request (dated, signed and notarized)
 Copy of any correspondence from the Department of Growth Management (if applicable)

TO BE COMPLETED BY STAFF ONLY

ADMINISTRATIVE APPEAL APPLICATION NUMBER _____

Existing Zoning: _____ Future Land Use Category: _____ Commission District: _____

Section: _____ Township: _____ Range: _____ Planning Area: _____

Utility Service Area: _____ Public Utilities: _____

Lake County Development Regulations: _____



Department of Growth Management Administrative Appeal Application

CERTIFICATION OF APPLICATION

I certify that I am duly qualified as owner or authorized agent to make such application, that all information given is accurate to the best of my knowledge and belief, that this application is of my own choosing and that staff has explained all procedures relating to this request. I understand that there are no guarantees as to the outcome of this request and that the application fee is non-refundable.

Owner's Signature

Date

Owner's Signature

Date

Agent's Signature

Date

Name of Agent: _____

Address: _____

State: _____ Zip Code: _____ Telephone Number: (____) _____

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did _____ or did not _____ take an oath.

(SEAL)

Notary Public (Signature)

My Commission Expires: _____

ADMINISTRATIVE APPEAL APPLICATION NUMBER _____



Department of Growth Management Administrative Appeal Application

AFFIDAVIT OF OWNER AND LIMITED POWER OF ATTORNEY

As owner of the property located at _____, Florida, alternate key number _____, I hereby designate _____, for the sole purpose of completing this application and making a presentation to the Board of Adjustment, to request an Administrative Appeal.

This Limited Power of Attorney is granted on the ___ day of _____, the year of 20____, and is effective until the Board of Adjustment has rendered a decision on this request and any appeal period has expired. The owner reserves the right to rescind this Limited Power of Attorney at any time with a written notarized notice to the Department of Growth Management.

Property Owner Signature

Date

Property Owner Signature

Date

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did ___ or did not ___ take an oath.

(SEAL)

Notary Public (Signature)

My Commission Expires: _____

ADMINISTRATIVE APPEAL APPLICATION NUMBER _____