



City of Margate  
BOARD OF ADJUSTMENT  
Application for  
Appeal of Administrative Decision

901 NW 66th Avenue, Margate, FL 33063  
For Planning & Zoning Questions: 954-979-6213

**OFFICE USE ONLY**  
BA #: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_

**PART I. TO BE COMPLETED BY APPLICANT**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART II. PROPERTY INFORMATION:**

Address of Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Lot Size/Area: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Folio #: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

**PART III. APPLICATION REQUIRMENTS:** Please submit the following to the Development Services Department:

- 1) Completed Application & fee (cash or check in the amount of \$200.00 payable to: CITY OF MARGATE)
- 2) Executed Property Owner Certification and Permission to Proceed form
- 3) Executed Public Hearing Sign Bond Agreement & fee (cash or check in the amount of \$150.00 payable to: CITY OFMARGATE)
- 4) Any documents or plans supporting the administrative appeal
- 5) One (1) original paper copy of applications and supporting documents and one (1) electronic copy in PDF format

**PUBLIC HEARING NOTICES:**

**Per Section 31-55, at least 14 days prior to a scheduled hearing, the petitioner is responsible for mailing public notice to all property owners within 1,500 feet and posting public hearing signs on the property.**  
Proof of mailing and affidavit must be submitted at least 10 days prior to the scheduled hearing.

**ATTENDEANCE AT HEARING IS MANDATORY FOR THE PETITIONER**

**FEE SCHEDULE:**

Appeal Request: \$200.00  
Sign Bond: \$150.00  
Reimburse City for Newspaper Ad

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**PART IV. APPEAL:**

*The process for requesting an appeal to administrative decision is documented in Article IV, Division 2 of the Margate Code of Ordinances.*

**Indicate the specific code section related to the administrative order, requirement, decision or determination that is being appealed:**

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Describe alleged administrative error in detail:

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Reason for requesting reversal of decision:

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For applications related to tree preservation, describe why the administrative decision or order is not reasonable or in the public interest, according to the spirit and intent of Article II, Preservation and Protection of Trees, Chapter 23 Landscaping Code of the City of Margate:

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**PART V. TO BE COMPLETED AFTER BOARD OF ADJUSTMENT ACTION. Board Action:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Tabled to: \_\_\_\_\_

List Any Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairman of the Board of Adjustment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary of the Board of Adjustment

\_\_\_\_\_  
Date



**PROPERTY OWNER CERTIFICATION AND PERMISSION TO PROCEED**

I hereby certify that I am the owner of the property located at \_\_\_\_\_, being the subject property for this application for an administrative appeal, and I give authorization to \_\_\_\_\_ to file this petition. I understand that I, or a representative on my behalf, must be present at the BOA meeting. If my administrative appeal application is denied, I understand that I may file an appeal within 7 days via the city clerk's office.

\_\_\_\_\_  
Print Property Owner's name

\_\_\_\_\_  
Signature of Property Owner

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, \_\_ (year), by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Print or type name of Notary

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_ Personally known to me

\_\_\_\_\_ Produced identification \_\_\_\_\_



# MARGATE

## PUBLIC HEARING SIGN REMOVAL BOND AGREEMENT

I, \_\_\_\_\_, petitioner of record and on behalf of the property owner, hereby agree that the subject public hearing sign shall be removed within two (2) business days following a final determination by the governing body. Further, it is understood that by complying with this section, the \$150 cash bond will be returned to the petitioner of record.

If said public hearing sign is not removed in two (2) business days, I hereby authorize the administration of the City of Margate to remove said sign, billing the costs of the removal of the sign to the owner of the property.

I understand that the \$150 cash bond shall be forfeited and applied against the cost of removal to the City of Margate if said public hearing sign is not removed in two (2) business days.

\_\_\_\_\_

Business Name

\_\_\_\_\_

Street location

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

OFFICE USE ONLY	
Date of Decision:	_____
Tabled to date certain:	_____
Two Business Days (after decision):	_____
COMPLIED:	Yes                  No
If YES, initiate check request to Finance (601- 0000-220.18-00)	
If NO, inform Finance to deposit Bond (001-0000-369.90-01)	

Copy to Petitioner, Finance Department  
Original to File

**Phone: (954) 979-6213**  
**www.margatefl.com**