



## APPEAL OF ADMINISTRATIVE DECISION APPLICATION CHECKLIST

- ☐ Pre-application Meeting: A pre-application meeting with a planner is required prior to submission.
- ☐ Application Processing: Applications and payments are only accepted online through [ProjectDox](#)
- ☐ Complete Application: Incomplete applications cannot be accepted.
- ☐ Application Fee: See the [Fee Schedule](#)
- ☐ Public Hearing Sign Bond: \$150
- ☐ Proof of Ownership: Warranty Deed or property appraiser's information from [www.bcpa.net](http://www.bcpa.net)
- ☐ Owner's Authorization Affidavit: If owned by a corporation an authorized agent registered with the State of Florida as listed on [www.sunbiz.org](http://www.sunbiz.org) must be the person that signs and the record from [www.sunbiz.org](http://www.sunbiz.org) must be provided. If the person signing is not listed as an authorized agent, then a corporate resolution showing that person is authorized to sign on behalf of the corporation may be provided.
- ☐ Survey: Signed and sealed Boundary Survey meeting the technical standards of the Florida Department of Professional Regulation, Board of Land Surveyors, no older than five (5) years, in pdf format that is a minimum 300 dpi that shows the following:
  1. The location of all existing structures, paved areas, and recorded easements on the property.
  2. Existing roadway details adjacent to the property including, but not limited to, rights-of-way, pavement widths, lane widths, markings, sidewalks, driveways (curb cuts), curbs and gutters, turn lanes, bus bays, medians, median openings, traffic signals and signal equipment, street lights, pull boxes, utility poles and utility equipment, drainage structures, and fire hydrants.
- ☐ Plan or Documents: Any documents or plans involved with the request and anything supporting the applicant's position for the appeal. Site Plans and / or plans must be clearly drawn dimensioned plan at a minimum scale of 1:20 that illustrates the layout of the property or elevations of what is being appealed maximum page size of 24" x 36" in pdf format that is a minimum 300 dpi. Hand drawings can only be accepted if they are professionally drafted.



## AFTER SUBMISSION

- ☐ Public Hearing Notices: At least 14 days prior to a scheduled hearing, the applicant 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 an affidavit: Evidence the mailing took place including postage receipts, sample letter and an affidavit attesting to the information must be submitted a minimum of 10 days prior to the scheduled hearing.
- ☐ Newspaper Advertisement: The applicant must reimburse the City for the cost of placing the required advertisement of the hearing in the newspaper.



## APPEAL OF ADMINISTRATIVE DECISION APPLICATION

Subject Property Address: \_\_\_\_\_

Subject Folio Number(s): \_\_\_\_\_

Description of Request:

### AUTHORIZED AGENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### APPLICANT INFORMATION (IF DIFFERENT THAN THE PROPERTY OWNER)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



## APPEAL OF ADMINISTRATIVE DECISION APPLICATION DETAILS

COMPLETE THIS FORM OR ATTACH A LETTER THAT ADDRESSES ALL OF THE BELOW

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

Describe alleged administrative error in detail:

Reason for requesting reversal of decision:



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 §40.704 Landscaping, Code of the City of Margate:



## OWNER'S AUTHORIZATION AFFIDAVIT

I hereby certify that I am the owner or authorized signatory of the property located at \_\_\_\_\_,

being the subject property for this Appeal of Administrative Decision application, and I hereby grant authorization to \_\_\_\_\_ to file an application with the City of Margate for approval of the same. If the application is denied, I understand that an appeal to the City Commission may be filed within seven (7) days via the City Clerk's office.

\_\_\_\_\_  
Print owner's or authorized signatory name

\_\_\_\_\_  
Signature of owner or authorized signatory

Owner/Agent Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner/Agent Address: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

☐ Personally Known OR ☐ Produced Identification

Type of Identification Produced \_\_\_\_\_



## PUBLIC HEARING SIGN AGREEMENT

Subject Property Address: \_\_\_\_\_

Subject Folio Number(s): \_\_\_\_\_

Pursuant to the requirements set forth in §40.310 of the Code of the City of Margate, Florida, the applicants(s) for the public hearing for the application described above do(es) hereby agree that failure to remove the sign(s) within two (2) business days following a final determination in the matter will result in the forfeiture of the \$150 collected by the City of Margate.

\_\_\_\_\_  
Print applicant's name

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Print applicant's title

\_\_\_\_\_  
Print applicant's organization/company

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

☐ Personally Known OR ☐ Produced Identification

Type of Identification Produced \_\_\_\_\_



## APPEAL OF ADMINISTRATIVE DECISION APPLICATION PROCESS

- Minimum 60 day process
- All timeframes are approximate and dependent on the meeting schedule

