

**PUTNAM COUNTY  
PLANNING & DEVELOPMENT SERVICES**

2509 Crill Ave., Suite 300  
Palatka, FL 32177  
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Planning: (386) 329-0491  
Zoning: (386) 329-0316  
Building: (386) 329-0307  
Animal Control (386) 329-0396  
Code Enforcement (386) 329-0317

**APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION**

1. Name of Appellant(s) Address(es):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Appellant is: (check one)  
 Owner of subject property  Applicant for land use action  
 Adjacent property owner  Other interested person
  
3. Parcel number of affected property: \_\_\_\_\_
  
4. Name of Property Owner(s) Address(es):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Driving directions to affected property from Palatka:  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Current zoning: \_\_\_\_\_ Future Land Use designation: \_\_\_\_\_
  
7. Current Use of affected property:  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Prior zoning actions on affected property (include case number):  
\_\_\_\_\_  
\_\_\_\_\_

9. Applicable Comprehensive Plan and Land Development Code Standards Related to Appeal:

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12. Specify grounds for appeal and state reasons why administrative decision should be overturned by the Zoning Board of Adjustment (Use additional sheet(s) of paper, if necessary):

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10. Signature(s) of Appellant(s):

Telephone Number(s)

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
*(Print Name of Person(s) Acknowledging)*

Notary Stamp

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

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

Personally Known  OR Produced Identification \_\_\_\_\_ Type of Identification Produced

**AGENT DESIGNATION FORM**

The applicant(s) does (do) hereby appoint and designate \_\_\_\_\_  
as agent in fact for the owner(s) of parcel(s) \_\_\_\_\_  
\_\_\_\_\_

to present an application for Development Review for all or a portion of the referenced parcel(s) and to present all evidence in support thereof to the Putnam County Development Review Committee, and to respond to and furnish all information and data requested by said Committee.

Print name of property owner(s)

Signature(s) of property owner(s)

_____	_____
_____	_____
_____	_____
_____	_____

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_  
*(Print Name of Person(s) Acknowledging)*

Notary Stamp

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

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

Personally Known  OR Produced Identification \_\_\_\_\_ Type of Identification Produced

**AGENT OATH AND SIGNATURE:**

The undersigned \_\_\_\_\_, being duly appointed as agent in fact for the above named owner(s) of the property whereby said owners are seeking a rezoning and the undersigned does hereby accept said appointment and will faithfully and truly carry out the request of said owner(s).

Signature of Agent: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

STATE OF _____	
COUNTY OF _____	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____ 20____, by _____.	
<i>(Print Name of Person(s) Acknowledging)</i>	
<div data-bbox="917 1432 1393 1549" data-label="Text"><p>Notary Stamp</p></div>	
_____ Signature of Notary Public	<i>(Print, Type, or Stamp Commissioned Name of Notary Public)</i>
Personally Known <input type="checkbox"/> OR Produced Identification _____	Type of Identification Produced _____