



**CITY OF WINTER SPRINGS
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434
Winter Springs, Florida 32708
customerservice@winterspringsfl.org

Application – Administrative Appeal

The Community Development Director reserves the right to determine whether this application is complete and accurate. An incomplete application will not be processed and will be returned to the applicant. The application shall be reviewed per [Chapter 20–Zoning Sec. 20-35](#). All applications will be reviewed for sufficiency (completeness) within thirty (30) calendar days per [FL Statute 166.033](#).

Appeals shall be filed within thirty (30) calendar days after such administrative decision is signed by the administrative official rendering the decision or is otherwise rendered in writing.

All applicants shall be afforded minimal due process as required by law, including the right to receive notice, be heard, present evidence, cross-examine witnesses, and be represented by a duly authorized representative.

The City Commission (CC) shall render all final decisions regarding Administrative Appeals and may impose reasonable conditions on any approved Administrative Appeal to the extent deemed necessary and relevant to ensure compliance with applicable criteria and other applicable provisions of the Winter Springs Code of Ordinances and the Winter Springs Comprehensive Plan. All formal decisions shall be based on competent substantial evidence and the applicable criteria as set forth in Chapter 20, Zoning. Applicants are advised that if, they decide to appeal any decisions made at the meetings or hearings with respect to any matter considered at the meetings or hearings, they will need a record of the proceedings and, for such purposes, they will need to insure that a verbatim record of the proceedings is made, at their cost, which includes the testimony and evidence upon which the appeal is to be based, per [Florida Statute 286.0105](#).

REQUIRED INFORMATION

Applicant(s): _____ Date: _____

Mailing address: _____

Email: _____

Phone Number: _____

Property Owner(s): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Property Address: _____

Parcel ID(s): _____

Parcel Size: _____

Existing Use: _____

Name of Decision Maker: _____

Date of Decision the Applicant is Appealing: _____



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Applicable Code Provisions: _____

Specific Grounds for Appeal (Attach any documentation needed to substantiate the applicant’s position)

REQUIRED DOCUMENTATION

- ___ A complete Application and Fee
- ___ A Legal Description accompanied by a certified survey or the portion of the map maintained by the Seminole County Property Appraiser reflecting the boundaries of the subject property (To scale).



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CITY LIMITED RIGHT OF ENTRY: By submitting this Application you hereby grant temporary right of entry for City Officials to enter upon the subject property for purposes of evaluating this Application.

APPLICANT’S AUTHORIZATION: I desire to make Application for a Administrative Appeal for the aforementioned project and have read and agree to the terms contained herein. In addition, if the Applicant is a corporate entity, the undersigned hereby represents and warrants that he/she is authorized to act on behalf of, and bind, the corporate entity. The applicant also agrees to a binding development agreement required by city to incorporate the terms and conditions of approval deemed necessary by the City Commission including, but not limited to, any mitigative techniques and plans required by city code.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

Business Name: _____

Address: _____ Parcel ID: _____

STATE OF _____ COUNTY OF _____

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/did not take an oath.

_____ Date: _____ (seal):

Notary Public Signature: _____

My Commission expires: _____

Note: The Property Owner shall sign and have their signature notarized below if the Applicant is not the owner of the subject property.

Property Owner’s Name (Print): _____

Property Owner Signature: _____ Date _____

STATE OF _____ COUNTY OF _____

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/did not take an oath.

_____ Date: _____ (seal):

Notary Public Signature: _____

My Commission expires: _____