



**NOTICE OF APPEAL TO THE
HEARING EXAMINER
FOR UNINCORPORATED AREAS ONLY**
[Lee County Land Development Code (LCLDC) Section 34-145(a)]

An appeal filed in accordance with LDC Section 34-145(a) may be filed by the Applicant or, in the case of an action arising under the fire impact fee regulations, a Fire District.

The appealing party must file a Notice of Appeal no later than 30 calendar days after the final, written decision subject to the appeal is issued by the appropriate administrative official with the final decision-making authority. The Notice of Appeal must be filed with the Department of Community Development (DCD), on this form and the filing fee paid. A Notice of Appeal is not filed until payment of the filing fees.

All appeals will be heard in accordance with the provisions of LCLDC Section 34-145(a). An appeal to the Hearing Examiner must be in compliance with the provisions of Administrative Code 2-6. **[34-145(a); AC2-6]**

Case Number Being Appealed: _____

**PART 1.
APPELLANT DATA**

- A.** Name of Appellant _____
Mailing Address _____
Phone _____ Fax _____
- B.** Name of Agent or Representative _____
Mailing Address _____
Phone _____ Fax _____
- C.** Name of Property Owner _____
Mailing Address _____
Phone _____ Fax _____

**PART 2.
SUBJECT OF APPEAL BEING REQUESTED**

- A.** Action being appealed (Attach and label as **Action Being Appealed**):
☐ Copy of the final, written decision being appealed.
- B.** Summarize the action that is being appealed. (Note: If additional space is needed, please attach a separate sheet and label as **Summary of Action Being Appealed**.)

- C.** Specifically state the error you believe the administrative official made, the relief sought, and the legal basis for the requested relief. The failure to state the error made by the administrative official may result in dismissal of the appeal. (Note: If additional space is needed, please attach a separate sheet and label as **Reason for Appeal**.) **[AC2-6 §1.1.B]**

- D.** Names(s) of Lee County Administrative Official and Department(s) making original interpretation:

**PART 3.
SITE SPECIFIC DATA**

- A. STRAP No. of Subject Property: _____
- B. Street Address of Subject Property: _____
- C. Commission District: _____

**PART 4.
CERTIFICATION**

I, _____, being first duly sworn, depose and say that the answers, attachments, and exhibits included herewith as a part of this application are accurate and true to the best of my knowledge and belief.

Signature of Applicant

Date

Name (typed or printed legibly)

**STATE OF FLORIDA
COUNTY OF LEE**

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by _____ (name of person providing oath or affirmation), who is personally known to me or who has produced _____ (type of identification) as identification.

Signature of Notary Public

Typed or Printed Name of Notary Public

SUBMITTAL REQUIREMENT CHECKLIST	
<i>Clearly label your attachments as noted in bold below.</i>	
<input type="checkbox"/>	Completed Application [34-145(a)(1)b.]
<input type="checkbox"/>	Filing Fee [34-202(a)(9)]
<input type="checkbox"/>	Copy of Administrative Action Being Appealed
<input type="checkbox"/>	Summary of Action Being Appealed
<input type="checkbox"/>	Reason for Appeal