Case #ADM	
LEE COUNTY BOARD OF ADJUSTMENTS AND APPEALS APPLICATIO	N
Name:	
Address:	
Phone #: Email:	
STRAP #:	
Representing:	
IS THIS A UVARIANCE OR APPEAL? (PLEASE SELECT ONE) Please provide specific sections of the code or ordinance to which the variance	ance or appeal applies:
BUILDING CODE COASTAL PLAIN MANAGEMENT FIRE CODE FLOOD PLAIN MANAGEMENT LIFE SAFETY CODE L.D.C. MECHANICAL PLUMBING	
If this is an appeal of an administrative decision, please indicate the official	who made the decision:
I Request that this matter be scheduled for a hearing before the Lee Count and Appeals. My reason for this request is as follows: (Provide additional	y Board of Adjustments sheets if needed.)
I hereby certify that to the best of my knowledge, the information submitted correct. Signature Authorization:	for this hearing is true and Date:
NOTE: Provide ten (10) copies of all backup information for BOAA member plans/drawings for the project for which the appeal/variance is requested, the sealed the plans or drawings MUST be present at the hearing.	rs. If there are sealed he architect/engineer who
The applicant's presence is required for a case to be heard by this board. Hearing dates are usually arranged for Thursday morning at 10:00 a.m. Applications must be received at least 10 WORKING DAYS before the hea	ring date.
FEE: \$100.00 - Make check payable to Lee County Board of County Community This application must be submitted to the Lee County Community Develop	
Revised 12/8/14	

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