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## Walton County Planning and Development Services

### APPLICATION FOR APPEAL

#### Application Package Contents

**ALL APPLICATIONS SHALL BE SUBMITTED USING THE ONLINE PORTAL**

<https://www2.citizenserve.com/waltonplanning>

Any applicant, or other person directly affected by an administrative decision who desires review of an administrative decision made by the Director shall file a written request for such review, within 30 days after the date of the Director's decision, with the Planning and Development Services Department. A copy of such request for review shall also be provided by the applicant (or other person requesting review) to the Director of the Department of Planning and Development Services within 30 days of the date of the action being appealed. Review shall then be conducted by the Board of Adjustment in accordance with the requirements of Section 1.11.03 of this *Code*. The decision of the Board of Adjustment shall constitute final action of the County government and may, thereafter, be appealed to the Circuit Court in accordance with Florida law. Land Development Code 1.11.02.B

**Appeal Cost: \$450**

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**Applicant**

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

If company or corporation, name of secretary or officer

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

City, State, Zip: \_\_\_\_\_

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

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

**Owner**

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

If company or corporation, name of secretary or officer

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

City, State, Zip: \_\_\_\_\_

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

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

**Reasoning for Appeal**

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Agent Affidavit / Special Power of Attorney**

STATE OF FLORIDA COUNTY OF WALTON

KNOW ALL MEN BY THESE PRESENTS, that I \_\_\_\_\_ am presently the owner and/or leaseholder of \_\_\_\_\_ and desiring to execute a Special Power of Attorney, have made, constituted and appointed, and by these presents do make, constitute and appoint \_\_\_\_\_ whose address is \_\_\_\_\_. County of \_\_\_\_\_, State of \_\_\_\_\_, my Attorney full power to act as my agent in the process of obtaining an \_\_\_\_\_ pertaining to \_\_\_\_\_.

FURTHER, I do authorize the aforesaid Attorney-in-Fact to perform all necessary tasks in the execution of aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by the said attorney shall be binding on myself and my heirs, legal and personal representative, and assigns.

PROVIDED, however, that any and all transactions conducted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by the said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

WITNESSES:

APPLICANT:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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

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

The foregoing instrument was acknowledged before me by:

[ ] Physical Presence

- OR -

[ ] Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_, for \_\_\_\_\_.

Printed Name of Notary Public

\_\_\_\_\_  
Signed Name of Notary Public

\_\_\_\_\_  
Commission  
Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

(SEAL)

**FLORIDA STATUTES 837.06 – FALSE OFFICIAL STATEMENT**

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 .

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant's Signature

Printed Name

Date

\_\_\_\_\_

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

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

The foregoing instrument was acknowledged before me by:

Physical Presence

- OR -

Online Notarization

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_, as \_\_\_\_\_,

for \_\_\_\_\_.

(SEAL)

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

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

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

\_\_\_\_\_