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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: _____

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 official duty shall be guilty of a misdemeanor of the second degree.

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 _____

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared

_____, who is personally known to me or who has produced

_____ as identification, and who executed the foregoing instrument.

Given under my hand and seal this _____ day of _____, _____.

Signed Name of Notary Public

{Seal}

Printed Name of Notary Public

Commission Number: _____

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 a certificate of land use compliance 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 _____

BEFORE ME, the undersigned Notary Public in and for said County and State, appeared

_____, who is personally known to me or who produced _____ as identification, and who executed the foregoing instrument. Given under my hand and seal this _____ day of _____, _____.

Signed Name of Notary Public

{Seal}

Printed Name of Notary Public

Commission Number: _____ Expiration Date: _____