

CITY OF ARCHER  
16870 SW 134<sup>th</sup> Avenue  
P.O. Box 39  
Archer, FL 32618-0039

**APPLICATION AND NOTICE OF APPEAL**

If you disagree with an interpretation, decision or final order of the Zoning Administrator, this form can be used to file an appeal of that decision. You must file the appeal with the City Manager. **WITHIN 30 DAYS after the date of the Zoning Administrator's decision.** The appeal can be filed with the City Manager personally or by mail at the above address. You will be notified of a hearing date.

**APPELLANT INFORMATION**

\_\_\_\_\_  
Name of Appellant

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Appellant's Mailing Address (complete)

**SUBJECT PROPERTY INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address of Property

\_\_\_\_\_  
Parcel Number (if Known)

**APPEAL STATEMENT**

PLEASE FULLY DESCRIBE THE FOLLOWING INCLUDING THE SPECIFIC BASIS FOR YOUR APPEAL, ANY ERROR ALLEGED, AND RELIEF REQUESTED. (Attach additional sheets and documentation as needed.)

- a. Fully state your claim on how the true intent of the Zoning Ordinances has been incorrectly interpreted by the Zoning Administrator.
- b. In the alternative, explain how the provisions of the Zoning Ordinances do not fully apply to your circumstances.

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