



Community Development Department – Planning Division
10770 West Oakland Park Boulevard, Sunrise, FL 33351
P: 954.746.3270 F: 954.746.3287
AskZoning@sunrisefl.gov

CHECKLIST FOR ADMINISTRATIVE APPEAL APPLICATION

PLEASE NOTE:

This form is for appeals to the Board of Adjustment per Subsection 16-48(d)(3) of the Land Development Code. Application fees, excluding notification fees, must be paid in full at time of submittal.

Items required for submittal:

1. Application for Administrative Appeal (1 original and 11 copies) executed by owner.
2. Check or money order made payable to the City of Sunrise, in the amount indicated by the City of Sunrise Fee Schedule.
3. Letter from the applicant describing the appeal and specifically referencing the administrative decision that is being appealed.
4. If the applicant is not the property owner, a notarized letter from the property owner consenting to the request (1 original and 11 copies).
5. Twelve (12) copies of any other information and/or plans deemed necessary by the City for presentation to the Board of Adjustment and/or City Commission to assist in their deliberations relative to the appeal.



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APPLICATION FOR ADMINISTRATIVE APPEAL

1. Name of Project (Development) _____
Name of Applicant _____
Company Name _____
Company Address _____
Telephone No. _____ Fax No. _____
Email Address _____

Contact Person/Agent _____
Company Name _____
Address _____
Telephone No. _____ Cell No. _____ Fax No. _____
Email Address _____
(IF AGENT, SUBMIT LETTER OF AUTHORIZATION)

2. Name of Property Owner _____
Company Name _____
Company Address _____
Telephone No. _____ Fax No. _____
Email Address _____

3. Legal Description of Property Covered by this Application:

4. Folio Number _____ Current Zoning _____
5. Address or General Location of Site _____
6. Size of Property: Overall Acres of Site _____ Sq. Ft. of use _____
7. Existing and proposed use of property _____

8. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property. _____

9. Is there an option to purchase or lease subject property or property contiguous thereto, predicated on the approval of this application? Yes ___ No ___. If yes, who are the affected parties? _____
10. Date of Administrative decision that is being appealed. _____

For Office Use Only:

Staff Reviewer _____

- Application (1 original, 11 copies)
 - Applicant Request Letter (1 original, 11 copies)
 - Property Owner Consent Letter (1 original, 11 copies)
 - Additional Information Required by Staff (12) _____
 - Fee (Legal Advertisement and Public Hearing)
- File reference _____

DISCLOSURE OF OWNERSHIP AFFIDAVIT

All owners, must separately complete this affidavit and list their name, business address and percentage of ownership of any owner of the real property that is the subject matter of this application. All parties who have a financial interest, either directly or indirectly, in the subject real property, including but not limited to, all shareholders, beneficiaries to a trust, partners to any partnership agreement, and members of an investment group involving local participation must provide a separate affidavit.

The undersigned hereby represents that he/she is an owner of the subject property and that the names, addresses, and ownership percentages of each owner are set forth below:

Property Owner Name, Business Address and Ownership Percentage

Property Address/Legal Description

Signature

Print Name

State of Florida

County of Broward

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 2020, by _____ (name of person) as _____ (type of authority . . . e.g., officer, trustee, attorney in fact) for _____ (name of corporation/LLC).

Signature of Notary Public

Print, type or stamp commissioned name of Notary Public

Personally Known ___ OR Produced Identification ___

Type of Identification Produced _____