

INSTRUCTIONS FOR FILING AN APPEAL

Certain Community Zoning Appeals Board decisions on items such as Zone Changes, certain Use Variances and Appeals of Administrative Decision are appealable to the Board of County Commissioners. To determine if an item is appealable to the Board of County Commissioners, check the posting notice on the bulletin board located at the front of the 11th floor of the Stephen P. Clark Center or call the Zoning Hearings Section. All other items may only be appealed to Circuit Court.

An appealable decision of the Community Zoning Appeals Board may be appealed by:

1. an applicant.
2. an aggrieved party of record.
3. a governing body of any municipality, if affected.
4. Neighborhood Community and Civic Associations.

Appeals must be filed by any of the above within 14 days, (and not thereafter) after the notification that the Community Zoning Appeals Board has taken action on a particular matter. Such notification is given by the Department, by posting the results on a conspicuous bulletin board that may be seen by the public, at the office of the Department of Planning, Development and Regulation.

This posting customarily takes place on the Monday following the Community Zoning Appeals Board hearing.

Appeals must be made by the applicant or by an aggrieved party of record, or by their attorney who is a member of the Florida bar. Appeals cannot be made by a representative such as a Real Estate Broker, Architect, Zoning Consultant, etc., unless it is evidenced by a properly executed Power of Attorney. More than one appeal may be filed on the same application. Unless filed jointly and executed as such, each will be treated separately and the necessary fee is required for each appeal. Appeals are filed with the Public Hearing Section of the Department, and must be filed on a form prescribed by the Director of the Department, accompanied by a check for \$1,100.81. Total including *surcharge: \$1,188.88. Also, the appellant will be assessed an additional fee for the cost of mailing of notices beyond a 500' radius. In addition to the \$1,188.88 Appeal filing fee, an appeal of a decision by a Community Zoning Appeals Board (CZAB), must be accompanied by an additional radius fee equal to ½ of the original radius fee charge. Check with Zoning Hearings counter personnel for more information. The appellant will be assessed an additional fee of \$880.65 or \$1,174.20 if submitted within 30 days of the hearing to cover revisions to plans, where permitted. The properly executed appeal and check must be received in the aforementioned office by or before 4:30 p.m. on the date specified as the appeal deadline. The said date may be verified by calling the Public Hearing Section on any working day between the hours of 8:00 a.m. and 5:00 p.m. at 305-375-2640. Appeals must be submitted in person. No appointment is necessary.

Once filed, an appeal may not be withdrawn after 10 days have passed since the date of the decision of Community Zoning Appeals Board, but the Appellant may appear before the Board of County Commissioners and secure a withdrawal with permission of said Board. In no event shall an Appellant be entitled to a refund of the appeal fee.

***NOTE: AN 8% SURCHARGE WILL BE ADDED TO ALL FEES EXCEPT DERM AND CONCURRENCY AND WILL BE IN EFFECT FROM 10/1/03 THROUGH 9/30/10.**

The Appellant shall answer all questions below the asterisk line. In line 1 "Hearing Number": fill in the hearing number of the application being appealed. Example: 98-7-CZ13-1
In line 2 "Filed in the Name of," insert the name of the applicant whose application is being appealed. Example: James Doe, Trustee.

Under "Address/Location of Appellant's Property," insert the address(es) or location of the property, if any, owned by you, the appellant. If the appellant is a neighborhood community or civic association, the boundaries of the lands which the association represents shall be indicated. Example: Properties lying between Sunset Drive and N. Kendall Drive from Palmetto Expressway to the Florida Turnpike.

Under "Application or Part of Application Appealed," state exactly what is being appealed, to wit:

- (1) Variance of setback requirements
- (2) Lot Coverage
- (3) Special Exception for multiple family
- (4) Unusual Use for Lake Excavation
- (5) Zone change from AU to RU-1, etc.

Or, if entire application, state "Entire Appealable Application." Under "Reasons supporting reversal," the Appellant shall explain in a written statement, specifying in brief, concise language, the grounds and reasons for reversal of the ruling made by the Community Zoning Appeals Board. Each Appeal form and Appellant's Affidavit must be signed and subscribed and sworn to before a Notary public.

PETITION OF APPEAL FROM DECISION OF
MIAMI-DADE COUNTY COMMUNITY ZONING APPEALS BOARD
TO THE BOARD OF COUNTY COMMISSIONERS

CHECKED BY _____ AMOUNT OF FEE _____

RECEIPT # _____

DATE HEARD: ___ / ___ / ___

BY CZAB # _____

DATE RECEIVED STAMP

This Appeal Form must be completed in accordance with the "Instruction for Filing an Appeal" and in accordance with Chapter 33 of the Code of Miami-Dade County, Florida, and return must be made to the Department on or before the Deadline Date prescribed for the Appeal.

RE: Hearing No. _____

Filed in the name of (Applicant) _____

Name of Appellant, if other than applicant _____

Address/Location of APPELLANT'S property:

Application, or part of Application being Appealed (Explanation):

Appellant (name): _____

hereby appeals the decision of the Miami-Dade County Community Zoning Appeals Board with reference to the above subject matter, and in accordance with the provisions contained in Chapter 33 of the Code of Miami-Dade County, Florida, hereby makes application to the Board of County Commissioners for review of said decision. The grounds and reasons supporting the reversal of the ruling of the Community Zoning Appeals Board are as follows:

(State in brief and concise language)

APPELLANT MUST SIGN THIS PAGE

Date: _____ day of _____, year: _____

Signed _____

Print Name

Mailing Address

Phone

Fax

REPRESENTATIVE'S AFFIDAVIT

If you are filing as representative of an association or other entity, so indicate:

Representing

Signature

Print Name

Address

City

State

Zip

Telephone Number

Subscribed and Sworn to before me on the _____ day of _____, year _____

Notary Public

(stamp/seal)

Commission expires:

APPELLANT'S AFFIDAVIT OF STANDING

(must be signed by each Appellant)

STATE OF _____

COUNTY OF _____

Before me the undersigned authority, personally appeared _____ (Appellant) who was sworn and says that the Appellant has standing to file the attached appeal of a Community Zoning Appeals Board decision.

The Appellant further states that they have standing by virtue of being of record in Community Zoning Appeals Board matter because of the following:

(Check all that apply)

- ____ 1. Participation at the hearing
- ____ 2. Original Applicant
- ____ 3. Written objection, waiver or consent

Appellant further states they understand the meaning of an oath and the penalties for perjury, and that under penalties of perjury, Affiant declares that the facts stated herein are true.

Further Appellant says not.

Witnesses:

Signature	Appellant's signature
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Print Name	Print Name
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Signature

Print Name

Sworn to and subscribed before me on the ____ day of _____, year _____.

Appellant is personally know to me or has produced _____ as identification.

Notary
(Stamp/Seal)

Commission Expires:
[b:forms/affidapl.sam(9/08)]