



City of Pompano Beach
Department of Development Services
Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4634 Fax: 954.786.4666

Appeal Application

155.2424. APPEAL

(Below is a summary of Section 155.2424. For the complete language, please refer to the Zoning Code)

PROCEDURE

1. Application submittal to the Development Services Director within 30 days of date of decision(s) for Appeal.
2. Review by the Development Service Director.
3. Final Decision by applicable Advisory Board or City Commission, following a quasi-judicial hearing.

APPLICATION CHECKLIST

1) The following paper documents are to be submitted to the Planning & Zoning Department:

PAPER	<input type="checkbox"/>	One (1) completed application with original signatures.*
	<input type="checkbox"/>	Proof of ownership (owner's certificate form must be completed by owner).*
	<input type="checkbox"/>	Application Fee as established by resolution of the City Commission

*Updated copies of the application, proof of ownership, or narrative may be required if information has changed. For example, if the property ownership changes, the owner's certificate and application will need to be revised with the city file.

2) The following digital documents are also to be submitted to the Planning & Zoning Department via CD or USB drive:

DIGITAL	<input type="checkbox"/>	Written Notice of Appeal including copy of decision being appealed. Written Notice of Appeal must be on letterhead, dated, and with author indicated.
	<input type="checkbox"/>	Current survey. <i>Surveys to be recent and must show all improvements on the property and legal description</i>
	<input type="checkbox"/>	Legal Description of property (in Word/text format)



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STREET ADDRESS		Zoning District
SUBDIVISION	BLOCK #	LOT #
Applicant's interest in property (Owner, Lessee, Etc)		
Has any previous application(s) been filed?	Yes _____ No _____	
If Yes, give date of hearing and finding		

Request	

Owner's Representative or Agent	Landowner (Owner of Record)
Business Name	Business Name
Print Name and Title	Print Name and Title
Signature	Signature
Date	Date
Street Address	Street Address
Mailing Address City/ State/ Zip	Mailing Address City/ State/ Zip
Phone Number	Phone Number
Email	Email



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OWNER'S CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

Owner's Name:

(Print or Type)

Address:

Phone:

Email address:

(Zip Code)

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this ____ day of _____, ____.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

☐ Personally know to me, or

☐ Produced identification:

(Type of Identification Produced)