

Town of Juno Beach
340 Ocean Drive; Juno Beach, FL 33408
Phone: (561) 626-1122; Fax: (561) 775-0812

Application for an Appeal

The Board of adjustment shall have the power to hear and decided appeals where it is alleged that there is an error in any order, requirement, decision, or determination made by an administrative official in enforcement of any zoning ordinance or regulation. In exercising its power, the Board of Adjustment may, in conformity with the provisions of this Ordinance, reverse or affirm, wholly or partly, or may modify the order, decision or determination made by the administrative official, in the enforcement of any zoning resolution or regulation adopted pursuant to the Ordinance and make such order, recommendation, decision or determination as ought to be made and to that end shall have all the powers of the officer from whom the appeal is taken (Code Section 34-64 - Town of Juno Beach Comprehensive Zoning Ordinance).

Section I

Instructions for Completion:

1. Complete Section II of this application (you may wish to attach a separate sheet of paper for this item), and Section III.
2. Sign and date this application at the end of Section II. If appropriate, complete the power of attorney form on page 3 of this application.
3. A filing fee of **\$500.00 must accompany each application upon submittal. The applicant will also be responsible** for providing all property identification information and property owners within a 300' radius surrounding the subject property: and will be responsible for postage cost associated with mail-out materials and legal ads related to the petition.

Section II

Please Complete the Following:

Applicant/Agent Information:

Name of Applicant: _____ Contact Phone #: _____
Address of Applicant: _____

*If the applicant has an agent, or will be represented by anyone other than the applicant.

*Name of Agent: _____ Contact Phone #: _____

*Address of Agent: _____

Regarding the Subject Location (where the variance is being requested):

Street Location: _____

Name of Subdivision: _____

Block: _____ Lot: _____

Regarding the Appeal:

Who made the decision/determination you are appealing?

Name: _____ Title: _____

Date of Decision/Determination: _____

Please explain the appeal being made (include any ordinance references you feel support your position)

Applicant's Signature

Date

Print Name

Witness' Signature

Date

Print Name

Section III

Power of Attorney

Complete the "Appeal Power of Attorney" form.

Power of Attorney

Name of Applicant: _____ Contact Phone _____
Mailing Address: _____
Property Address (description): _____
Name of Agent: _____
Contact Phone of Agent: _____

The Undersigned, being the true Applicant for the real property described above, does hereby grant unto the Agent, stated above, the full right and power of attorney to make application to the Town of Juno Beach for an easement abandonment petition/request and act as the representing agent for any subsequent processes for said property. It is understood that limitations, conditions and restrictions may be placed upon the use or operation of the property. Misstatements upon application or in any hearing may result in the termination of any application/petition proceeding to limit the Applicant to only allow themselves the opportunity to apply for an abandonment petition/request. This power of attorney may be terminated only by a written and notarized statement of such termination effective upon receipt by the Planning & Zoning Department.

IN WITNESS WHEREOF THE UNDERSIGNED HAVE SET THEIR HANDS AND SEALS
THIS _____ DAY OF _____ 20_____.

Applicant

Witness

Applicant

Witness

Before me the undersigned authority personally appeared the owner(s) named above who upon being duly sworn acknowledged before me that they are the true owners of the real property described above and that they executed the power of attorney for the purposes stated therein.

Sworn and subscribed this _____ day of _____ 20_____.

Notary Public

SEAL

(For Office Use Only)

Variance Mailing/Billing Information

Date given to Town Clerk's Office: _____

Deadline for Mailing: _____

Name of Applicant: _____

Mailing Address for Billing: _____

Postage: \$ _____ Legal Ad: \$ _____ = Total: \$ _____

Date payment Received: _____