



City of Longwood Administrative Decision Appeal Form

Fee due upon submittal of the Administrative Decision Appeal form: \$400.00

Project Name: _____ Date Submitted: _____

Property Address: _____

Parcel Id: _____

| | Property Owner | Applicant |
|---------|----------------|-----------|
| Name | | |
| Address | | |
| Phone | | |
| E-Mail | | |
| Fax | | |

I am requesting an appeal of an administrative decision to:

List any documents or letters submitted with Administrative Decision Appeal Form:

Print Owner/Authorized Agent Name

Signature

Date

FOR DEPARTMENT USE ONLY

Approved:

Approved with Conditions:

Denied:

Conditions (if any): _____

Community Development Director/Designee

Date