

# WINTER HAVEN

THE CHAIN OF LAKES CITY

## SPECIAL USE APPROVAL APPEAL APPLICATION

### PLANNING DIVISION

451 Third Street, NW, Winter Haven, FL 33881

Phone: 863-291-5600 Email: [planning@mywinterhaven.com](mailto:planning@mywinterhaven.com)

#### For Official Use Only:

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Any person or persons aggrieved by a special use approval decision made by the Planning Commission may request a de novo hearing before the City Commission by filing this application with the City's Planning Division. This application **must be filed within seven (7) calendar days** after the Planning Commission hearing.

#### CONTACT INFORMATION:

Name of Appellant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### CASE INFORMATION:

Planning Commission Case Number: \_\_\_\_\_

Planning Commission Hearing Date: \_\_\_\_\_

Appellant Signature

(I) (WE) \_\_\_\_\_

request a hearing before the City of Winter Haven City Commission on the above referenced Planning Commission Case Number heard on the above referenced Planning Commission Hearing Date.

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification and who (did) (did not) take an oath.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
TYPED, PRINTED or STAMPED NAME OF  
NOTARY PUBLIC