

# WINTER HAVEN

*The Chain of Lakes City*

## City of Winter Haven Application for Appeal of Special Use Approval Decision 2020-2021 Fee: \$565.18

Planning Division  
451 Third Street, NW  
Winter Haven, Florida 33881  
Telephone: 863-291-5600

**For Official Use Only:**

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

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.

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

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

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

(I)(We), \_\_\_\_\_, request a hearing before the City of Winter Haven City Commission on Case Number \_\_\_\_\_, which was heard by the Planning Commission on \_\_\_\_\_.

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

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

STATE OF FLORIDA:  
COUNTY OF POLK:

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

STAMP & DATE MY COMMISSION EXPIRES: \_\_\_\_\_