

WINTER HAVEN

The Chain of Lakes City

City of Winter Haven Application for Appeal of Special Use Approval Decision

Fee: \$524.83

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 _____:

COUNTY OF _____:

The foregoing instrument was acknowledged before me 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

PRINTED NAME OF NOTARY PUBLIC