

How to Appeal a Formal Decision

In the event a citizen disagrees with a formal decision made by a **County Official** (Zoning/Code Compliance Administrator, Planning and Development Administrator, and/or Engineering Services Director) or an **Administrative Tribunal** (Planning Commission or Development Review Committee), he or she may appeal the decision pursuant to section 407.1 of the Pasco County Land Development Code (LDC). The first of the following links takes you directly to that section of the code, and the next link takes you to the code in its entirety:

<http://www.pascocountyfl.net/documentcenter/view/3736>

<http://pascocountyfl.net/index.aspx?NID=756>

If the decision was made by a County Official, the applicant would use the form "Pasco County Application for Appeal Pursuant to Section 407.1 of a Final Determination by a County Official" attached as Appendix A (and found online in PDF format at <http://www.pascocountyfl.net/documentcenter/view/2013>).

If the decision was made by an Administrative Tribunal, the applicant would use the form "Pasco County Notice of Appeal Pursuant to Section 407.1 of a Final Determination by an Administrative Tribunal" attached as Appendix B (and found online in PDF format at <http://www.pascocountyfl.net/documentcenter/view/851>).

Additionally, if the applicant employs a third party, such as an attorney, to fill out the forms and/or act on his or her behalf, an "Agent of Record" form must also be filled out and submitted with the application and fee (attached as Appendix C and found online in PDF format at <http://www.pascocountyfl.net/documentcenter/view/848>).

Also note that, while the "Application for Appeal Pursuant to Section 407.1 of a Final Determination by a County Official" **does not** need to be notarized, the "Application for Appeal Pursuant to Section 407.1 of a Final Determination by an Administrative Tribunal" and the "Agent of Record" letter **does**. Each application must be filled out completely and submitted with the corresponding application fee (currently \$500.00 for the County Official appeal and \$2,500.00 for the Administrative Tribunal appeal) to the following address:

West Pasco Government Center
Zoning & Intake Department
8731 Citizens Drive, Suite 230
New Port Richey, Florida 34654

Note: These appeal forms do not apply to any "county court citations, warnings, or judgments issued pursuant to the process outlined in Section 125.69, Florida Statutes; Chapter 162, Part II Florida Statutes; and/or chapter 1 of the Pasco County Code of Ordinances; or provisions of this Code, the Code of Ordinances, or other resolutions or regulations of the Board of County Commissioners (BCC) for which different appeal procedures are provided in such provisions or by State Law" (Pasco County Land Development Code, section 407.1 B 1-2, 2012). In other words, if a person gets a traffic fine or a warning for a Code Violation for trash in the yard, he or she cannot file the appeal with one of these forms. For those appeals one would contact the Clerk of Court or the Code Compliance Department, for example. However, if a person submitted an application for rezoning or a conditional use permit and was denied, one of these forms would be used for the appeal; again, the Governing Body that made the decision would determine which form to use and which fee to pay.

Timeline & Details

Regardless of which Official or Governing Body makes the decision, the appellant applicant has **30 days** from the date the decision was finalized to submit the **initial application and associated fee** (and Agent of Record form, if applicable), and then, for Development Review Committee (DRC) or Planning Commission (PC) decisions, the applicant has an **additional 30 days** (60 days total from start to finish) to complete and submit the **complete appeal application**. If the applicant does not meet the deadlines, he or she loses the right to appeal and the decision stands. The complete appeal package shall include:

1. Statement of the final determination and date of the action that is the subject of the appeal.
2. Copy of the final determination being appealed (the approval memorandum or the final, signed memorandum from the Planning Commission or Development Review Committee).
3. For appeals from the Planning Commission and Development Review Committee, also include a verbatim transcript of the meeting in which the matter being appealed was conducted—just the part where the item in question is being discussed, not the entire meeting. The verbatim transcript shall consist of the complete discussion of the PC or DRC meeting for the matter being appealed. The verbatim transcript produced by the Pasco County Clerk and Comptroller is acceptable.
4. Statement of the relief requested.
5. Justification for the relief requested, including citations to the specific portions of the verbatim transcript, exhibits, this Code, and/or Comprehensive Plan provisions relevant to the relief requested.

This means the applicant must have the information regarding the decision they are appealing, the date the decision was made, information on the relief requested, and logical reasons why he or she believes this relief should be granted.

To obtain a verbatim transcript of the decision (part three above), the applicant may contact a court reporter, or send an email request to the Court's Board Records Operations Supervisor (currently Connie Schroder, CPM at cschroeder@pascoclerk.com). The clerk's Board Records office requires a deposit, which is generally one half of the approximate cost of the verbatim. Currently, the going rate for a verbatim transcript is \$7.00 per page, which equals about one minute of audio. For example, if the decision being appealed took 30 minutes to decide in the meeting, the overall cost of the verbatim transcript would be approximately \$210.00. If the discussion on the topic took more time or less time, the cost would be more or less, respectively. Also, it does take the Board Records' office anywhere from four to six weeks to complete the transcript, so the applicant would want to order it as soon as he or she decides to move forward with the appeal; it would be wise to order it when the initial application and application fee were submitted to ensure he or she does not miss the final deadline.

Also, an audio CD can be purchased from the clerk's Board Records office for \$2.00 (currently) of only the subject portion of the meeting, and it can be transcribed by a court reporter if one was not present at the meeting instead of a Board Clerk.

All appeals are public hearings. The appeal shall be heard by either the Development Review Committee or the Board of County Commissioners within 90 days of the filing of the complete appeal application. **It is the appellant's responsibility to perform the public notice for the hearing as required in the Land Development Code (LDC) Section 304. This includes mailing a notice of the hearing to property owners within 500 feet of the subject property, posting a notice in the newspaper, and placing a sign on the property.** The noticing shall be completed at least 14 days before the hearing date (not including the hearing date itself). If the public notice is not done properly, the appellant may lose the hearing date, which can mean that the right to appeal is lost if the notice and hearing cannot be accomplished before the 90-day limit.

For any questions or additional instructions, please call the Pasco County Planning & Development Department at 727-847-8193 or the Zoning & Intake Department at 727-847-8142.

**PASCO COUNTY APPLICATION FOR APPEAL
PURSUANT TO SECTION 407.1 OF A
FINAL DETERMINATION BY A COUNTY OFFICIAL**

Application No.: _____

The undersigned have formally requested consideration of an administrative appeal in accordance with the Pasco County Land Development Code, Section 407.1.

It shall be the responsibility of the applicant or his/her legal agent of record to provide all information required below or any other information which is reasonable and relevant to the formulation of a recommendation to the appeal being considered. **No application for review shall be deemed complete until all required information is provided.**

1. Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

2. Name of Agent, if applicable: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

(Attach completed Agent of Record form, Appendix C)

3. The undersigned requests review of the decision made by the:

_____ Zoning/Code Compliance Administrator

_____ Planning and Development Administrator

_____ Engineering Services Director

4. The decision was made on: _____

5. Attach a copy of the final determination that is being appealed.

The administrative appeal shall be initiated by the aggrieved person filing with the County Administrator or his/her designee and shall include:

1. An application fee of \$500.00. (Please make checks payable to Pasco County Board of County Commissioners.)
2. An Application for Appeal within 30 days from the date of the decision being appealed. Same shall include request for relief and citations to the Land Development Code and Comprehensive Plan.

Failure to timely file the application fee and complete the appeal application within the required time period shall foreclose the right to initiate the administrative appeal.

Each Notice of Appeal shall be accompanied by a separate application fee and treated as a separate appeal application; provided, however, that the County Administrator or his/her designee may consolidate related appeal applications for agenda, notice, and public hearing purposes.

Please submit all Appeal Applications to the following:

West Pasco Government Center
ZONING & INTAKE DEPARTMENT
8731 Citizens Drive, Suite 230
New Port Richey, FL 34654
727-847-8142

Owner's/Representative's Signature

Owner's/Representative's Name (Print)

Owner's/Representative's Address

Owner's/Representative's City, State, Zip Code

Owner's/Representative's Telephone Number

Owner's/Representative's E-mail Address

Date

FOR OFFICIAL USE ONLY

ACCEPTED BY: _____

PROCESSED BY: _____

Check No.: _____

**PASCO COUNTY APPLICATION FOR APPEAL
PURSUANT TO SECTION 407.1 OF A
FINAL DETERMINATION BY AN ADMINISTRATIVE TRIBUNAL**

Application No.: _____

The undersigned have formally requested consideration of an administrative appeal in accordance with the Pasco County Land Development Code, Section 407.1.

It shall be the responsibility of the applicant or his/her legal agent of record to provide all information required below or any other information which is reasonable and relevant to the formulation of a recommendation to the appeal being considered. **No application for review shall be deemed complete until all required information is provided.**

1. Name of Applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____
2. Name of Agent, if applicable: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
E-mail Address: _____
(Attach completed Agent of Record form, Appendix C)
3. The undersigned requests review of the decision made by the:
____ Planning Commission (PC)
____ Development Review Committee (DRC)
4. The decision was made on: _____
5. Attach a copy of the final determination that is being appealed.

The administrative appeal shall be initiated by the aggrieved person filing with the County Administrator or his/her designee and shall include:

1. An application fee of \$2,500.00 (Please make checks payable to Pasco County Board of County Commissioners), Notice of Appeal application signed by applicant or authorized representative, copy of decision being appealed and statement for relief must be filed within **30 days** after the final written rendition of the order, requirement, decision, interpretation, or determination appealed from; and
2. A complete Appeal application within **60 days** after the final written rendition of the order, requirement, decision, interpretation, or determination appealed from.

Failure to timely file the application fee and complete the appeal application within the required time period shall foreclose the right to initiate the administrative appeal.

A complete Appeal application includes:

1. The verbatim transcript shall consist of the complete discussion of the Planning Commission or Development Review Committee meeting for the matter being appealed.
2. Justification for the relief requested, including citations to the specific portions of the transcript, Land Development Code, and Comprehensive Plan relevant to the relief requested.

Each Notice of Appeal shall be accompanied by a separate application fee and treated as a separate appeal application; provided, however, that the County Administrator or his/her designee may consolidate related appeal applications for agenda, notice, and public hearing purposes.

Please submit all Appeal Applications to the following:

West Pasco Government Center
 ZONING & INTAKE DEPARTMENT
 8731 Citizens Drive, Suite 230
 New Port Richey, FL 34654
 727-847-8142

_____ Date _____ Applicant's Signature

STATE OF FLORIDA

COUNTY OF PASCO

I HEREBY CERTIFY that on this day personally appeared before me this _____(date), by _____ (name of person acknowledging),

who is personally known to me or who has produced _____(type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, _____.

 NOTARY PUBLIC
 State of Florida at Large

FOR OFFICIAL USE ONLY

ACCEPTED BY: _____

PROCESSED BY: _____

Check No.: _____

AGENT OF RECORD LETTER

TO PASCO COUNTY:

I _____, (Print) hereby designate and appoint _____ as my Agent of Record for the purposes of representing me during the Appeal of a Final Determination by a County Official/Administrative Tribunal regarding the decision of _____ (the decision being appealed) finalized on _____ (the date of the decision).

My Agent of Record is hereby vested with authority to make any representations, agreements, or promises which are necessary or desirable in conjunction with the review process. My Agent of Record is also authorized to accept or reject any conditions imposed by any reviewing board or entity.

Dated this _____ day of _____.

PRINTED NAME OF APPLICANT

PRINTED NAME OF APPLICANT'S (S') REPRESENTATIVE

APPLICANT'S SIGNATURE

REPRESENTATIVE'S SIGNATURE

PRINTED NAME OF CO-APPLICANT

REPRESENTATIVE'S ADDRESS

CO-APPLICANT'S SIGNATURE

CITY, STATE, ZIP CODE

REPRESENTATIVE'S TELEPHONE NUMBER

STATE OF FLORIDA
COUNTY OF PASCO

I HEREBY CERTIFY that on this day, personally appeared before me, an officer duly qualified to administer oaths and take acknowledgments, to me known to be the person(s) described in and who executed the above and foregoing Agent of Record Letter and who acknowledged before me that (s)he executed the same for purposes therein expressed.

WITNESS my hand an official seal in the County and State last aforesaid this _____ day of _____.

NOTARY PUBLIC
State of Florida at Large

My Commission Expires: