



Case No. _____

City of Ocala
Growth Management Department
201 SE 3rd Street, Second Floor, Ocala, FL 34471
Phone: (352) 629-8404 Fax: (352) 629-8242
Email: gmd@ocalafl.org Website: www.ocalafl.org

Appeal from the Decision of the Building Official

1. Name of Petitioner(s): _____

Address of Petitioner(s): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

2. Street address or location of property in question: _____

3. The petitioner herewith appeals the following decision of the Building Official.

4. Site the section of the code that is being appealed and the basis for your appeal.

Petitioner's Signature

Petitioner's Address (Street)

Petitioner's Phone Number

City, State, Zip Code

I, _____, being first duly sworn, affirm and say that I am the
Owner's Name (print) owner of the property described above.

Owner's Signature

Owner's Address

Phone Number

City, State, Zip Code

NOTARIZATION FOR OWNER'S SIGNATURE

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
_____, by _____, who is personally known to me or who has
produced _____ as identification and who did / did not take an oath.

NOTARY PUBLIC

COMMISSION No. _____

Commission Expires: _____

I, _____, am the legal representative of the applicant and am
Agent's Name (print)
authorized to speak on his behalf for the subject matter.

Agent's Signature

Agent's Address (street)

Agent's Phone Number

City, State, Zip Code

Agent's Email Address

For assistance or further information, please call the Growth Management Department at 629-8404.

ATTENDANCE at the public hearing by the applicant
Or agent as designated in writing IS MANDATORY.

For Staff Use Only:

- a. Petition has been checked and found to contain all required information. _____
- b. Date received: _____
- c. Case Number assigned: _____