



# St. Johns County Growth Management Department Application for Appeal

The Appeal must be submitted within thirty (30) days  
of the date when the written final order/decision is signed and dated.

Date  Appeal of a:

Project Name

### Appellant's Information

Name  Phone Number

Address  email \_\_\_\_\_

City  State  Zip Code

Location of property that is the subject  
of his Appeal.

Parcel ID Number

Administrative official whose decision is being appealed

*may attach narrative*

Specific error alleged as the grounds for the Appeal

*may attach narrative*

Describe what interest the person  
filing this Appeal has in the issue(s)  
being appealed.

**I hereby certify that all information is correct and request an appearance before the Board of County Commissioners for Public Hearing on the above mentioned Appeal.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Print Name

Information of person to receive all correspondence regarding this application:

Name  Phone Number

Address  email \_\_\_\_\_

City  State  Zip Code

When a person decides to appeal a decision made by any St. Johns County Board or Committee, with respect to any matter considered at a public meeting, he may need a record of the proceedings, and for such purpose may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.