



**WAKULLA COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

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**APPLICATION FOR APPEAL TO THE
BOARD OF ADJUSTMENT**

Please read carefully. This is the only form accepted for application.

BOA #: _____

Owner or Applicant Name: _____

Address: _____

Phone: _____ Email: _____

Nature of Appeal: _____

If related to a land use decision, complete the following:

Parcel ID Number: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____ H. S. LOT: _____

MAP PAGE: _____ PARCEL #: _____ ACREAGE: _____

SUBDIVISION: _____ LOT: _____ BLOCK: _____

PB: _____ Comprehensive Plan Designation: _____ Current Atlas Zoning: _____
PG: _____

NFIP #: 120315 -- _____ Flood Zone: _____ B.F.E. _____

E911 Approved Street Name: _____

I certify that the above information is true and correct to the best of my knowledge.

Owner/Agent

Date

APPLICATION FEE: \$430.00

Received by: _____ Date: _____

Receipt #: _____ BOCC Hearing Date: _____