

Application fee: \$350.00
Escrow: 300.00

City of Satellite Beach APPLICATION ADMINISTRATIVE REVIEW

Property Owner/Agent _____

Address _____ Phone _____

City _____ State _____ Zip _____

Property for which Administrative Review is requested

Address _____ Zoning Classification _____

Legal Description _____

Code Section to be Reviewed _____

Grounds for Appeal _____

State of Florida,
County of Brevard.

The undersigned applicant certifies that he/she is eligible to apply for this application and that, to the best of his/her knowledge; this application is complete and accurate.

Applicant's Signature Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____ 20__;
by _____

- Who is personally known to me, or
- Who has produced _____ as identification

Notary Public (signature)