



Case No. \_\_\_\_\_

**City of Ocala**  
**Growth Management Department**  
201 SE 3<sup>rd</sup> Street, Second Floor, Ocala, FL 34471  
Phone: (352) 629-8404 Fax: (352) 629-8242  
Email: [gmd@ocalafl.org](mailto:gmd@ocalafl.org) Website: [www.ocalafl.org](http://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.**

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**For Staff Use Only:**

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