ORANGE COUNTY ZONING DIVISION
201 South Rosalind Avenue, 1st Floor, Orlando, Florida 32801
Phone: (407) 836-3111 Email: BZA@ocfl.net
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APPEAL APPLICATION – BOARD OF ZONING ADJUSTMENT (BZA)

Appellant Information:

Name:	
Phone Number:	
Email:	
Mailing Address:	

_____ _____

Date Signature of Appellant

State of _____
County of _____

I certify that the forgoing instrument was acknowledged before me this _____ day of _____, 20_____ by _____.

Personally Known ☐ or Produced Identification ☐
Type of Identification produced:_____

_____

Notary Public Signature Notary Stamp:

Appeal Information:

BZA Case # and Applicant:	
Date of BZA Hearing:	

Reason for the Appeal (Provide a brief summary or attach additional pages if necessary):

_____

_____

_____

_____