



## PETITION FOR REVIEW A BOARD, ZONING OR HISTORIC PRESERVATION ADMINISTRATOR DECISION

**INSTRUCTIONS:** PLEASE TYPE OR CLEARLY PRINT THE REQUIRED INFORMATION ON THE PETITION FOR REVIEW FORM. TYPE IN THE TYPE OF BOARD DECISION BEING REQUESTED, WHICH ARE AS FOLLOWS:

- ARCHITECTURAL REVIEW COMMISSION (ARC)
- BARRIO LATINO COMMISSION (BLC)
- VARIANCE REVIEW BOARD (VRB)
- DECISION OF THE ZONING ADMINISTRATOR /HISTORIC PRESERVATION MANAGER
- FORMAL DECISION OF THE ZONING ADMINISTRATOR

**SPECIAL NOTE 1:** UPON THE PETITION FOR REVIEW HEARING BEING SET BY CITY COUNCIL, NOTICE OF THE PETITION FOR REVIEW HEARING DATE, INCLUDING THE NOTICE REQUIREMENTS, WILL BE TRANSMITTED ELECTRONICALLY BY THE OFFICE OF THE CITY CLERK TO THE PETITIONER'S E-MAIL ADDRESS, IF PROVIDED ON THE PETITION FOR REVIEW FORM

**SPECIAL NOTE 2:** PURSUANT TO SECTION 27-49 AND 27-61, CITY OF TAMPA CODE OF ORDINANCES, ONLY AGGRIEVED PERSONS WHO PARTICIPATED IN THE DECISION BEING REVIEWED MAY FILE A REQUEST FOR REVIEW. AN AGGRIEVED PERSON IS THE APPLICANT OR ANY OWNER OF PROPERTY WITHIN THREE HUNDRED (300) FEET OF THE SUBJECT PROPERTY.

**SPECIAL NOTE 3:** PURSUANT TO SECTION 27-61, CITY OF TAMPA CODE OF ORDINANCES, THE HEARING IN FRONT OF CITY COUNCIL IS A FULL PUBLIC HEARING. PLEASE BE PREPARED TO PROVIDE CITY COUNCIL WITH ANY INFORMATION YOU WISH TO SUBMIT INTO THE RECORD BEFORE CITY COUNCIL PRIOR TO OR AT THE HEARING.

**SPECIAL NOTE 4:** ADA REQUIREMENTS IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") AND SECTION 286.26, FLORIDA STATUTES, PERSONS WITH DISABILITIES NEEDING SPECIAL ACCOMMODATIONS TO PARTICIPATE IN THIS PUBLIC HEARING OR MEETING SHOULD CONTACT THE CITY OF TAMPA'S ADA COORDINATOR AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE DATE OF THE PUBLIC HEARING OR MEETING: A) BY PHONE AT (813) 274-3964; B) BY E-MAIL AT [TAMPAADA@TAMPAGOV.NET](mailto:TAMPAADA@TAMPAGOV.NET); C) THE INSTRUCTIONS PROVIDED ON THE CITY OF TAMPA'S WEBSITE AT [HTTPS://WWW.TAMPAGOV.NET/ABOUT-US/TAMPAGOV/ACCESSIBILITY](https://www.tampagov.net/about-us/tampagov/accessibility) OR: D) THE CITY OF TAMPA'S ONLINE CUSTOMER SERVICE CENTER AT [HTTPS://APPS.TAMPAGOV.NET/APPL\\_CUSTOMER\\_SERVICE\\_CENTER/](https://apps.tampagov.net/appl_customer_service_center/) USING THE ADA ACCOMMODATION REQUEST SERVICE.

Applicants, Petitioners, Respondents, Parties, Violators, and those receiving mailed notice who require an interpreter to participate in this public hearing or meeting should go to the following City webpage to request an interpreter: <https://www.tampagov.net/interpreter-service>

Los Solicitantes, los Peticionarios, los Enquestados, las Partes, los Infractores y los que reciben un aviso por correo que requieren un intérprete para participar en esta audiencia o reunión pública deben ir a la siguiente página web de la Ciudad para solicitar un intérprete: <https://www.tampagov.net/interpreter-service>

**UPDATED: March 6, 2024**

## GENERAL INSTRUCTION

Petitioner for Review Form must be filed with the Office of the City Clerk. The Office of the City Clerk will place the Petition for Review on the next regular agenda for City Council to set a public hearing date, and **notify the petitioner by E-mail or Certified Mail/Return Receipt Requested** of the date set for the appeal hearing before the City Council.

Be certain that your Petition for Review is filed in a timely manner, as established by the regulations of the zoning administrator or the specific board which heard the case.

**\*\*PLEASE NOTE:** Once filed, a request to change a scheduled appeal public hearing date must **first** be coordinated with the respective board/department representative before submitting the request to the Office of the City Clerk for City Council consideration.

### **COMPLETING THE FORM:**

- Check the box for the applicable Board or Zoning Administrator decision.
- Provide name, address email address, and phone number(s) of the petitioner.
- Provide the address of the subject property.
- Indicate whether the person completing the Petition for Review Form is the original owner, a lessee, a neighbor, or other.
- Provide original review date and your basis for the Petitioner for Review. Attach a copy of the written decision provided by the Board, Zoning Administrator, or Historic Preservation Manager.
- Sign and date your Petition for Review Form.
- Provide appropriate filing fee.

### **FILING FEES:**

- Per Resolution Nos. 96-1315 (1); 2001-0615 (2); 2004-1655 (3); and 2007-1134 (4) the following fee charges apply:
  - Petition to Council of Barrio Latino Commission Decision \$50.00 per #1
  - Petition to Council of Architectural Review Commission \$50.00 per #1
  - Petition to Council of Variance Review Board Decision \$271.00 per #4
  - Petition to Council of a decision of the Zoning Administrator  
Historic Preservation Manager \$271.00 per #4
- Per Resolution No. 2010-1091 (5) the following fee retainer charges apply:
  - Petition to a Hearing Officer of a formal decision of the Zoning Administrator \$2,000.00 (5)
    - Special Note: If it is determined by the City Attorney that the fee retainer is insufficient, then the applicant shall pay an additional fee retainer at a rate of \$135.00 of estimated Hearing Officer time, prior to the scheduling of the review hearing.

### **DEPARTMENTAL CONTACTS FOR ASSISTANCE:**

- Scheduling procedures:** Office of the City Clerk - Phone: 274-8397  
Fax: 274-8306
- Architectural Review Commission (ARC):** Historic Preservation - Phone: 274-3100 Option 3
- Barrio Latino Commission (BLC):** Historic Preservation - Phone: 274-3100 Option 3
- Variance Review Board (VRB):** Planning & Development  
Eric Cotton or Joel Sousa - Phone: 274-3100 Option 2
- DVD of VRB, ARC or BLC Meetings:** Office of Cable Communications - Phone: 274-8217

PETITION FOR REVIEW FORM

TYPE OF HEARING: (MUST BE FILED WITHIN 10 WORKING DAYS OF DECISION):

- ARCHITECTURAL REVIEW COMMISSION (ARC)
- BARRIO LATINO COMMISSION (BLC)
- VARIANCE REVIEW BOARD (VRB)
- DECISION OF THE ZONING ADMINISTRATOR/HISTORIC PRESERVATION MANAGER
- FORMAL DECISION OF THE ZONING ADMINISTRATOR

Name of Petitioner:

Mailing Address (state, city, zip):

Telephone Number:

Day:

Evening:

E-Mail Address (For notification purposes):

Address of Subject Property:

PETITIONER IS:

- Applicant of the underlying decision
- Owner
- Aggrieved person who participated in the decision and is the owner of property within 300 feet of the subject parcel

If Petitioner is not the property owner or the applicant of the original request, this form must be sent to the property owner and the applicant of the original request by Certified Mail no later than five (5) days after this Petition for Review is filed.

Date of Original Review Decision:

(Attach copy of the written decision)

State your basis for the Petition for Review. You must include the applicable City of Tampa Code Section that you assert was not correctly applied:

I, the undersigned petitioner, hereby certify that all information on this petition is true and correct.

\_\_\_\_\_  
Signature of Petitioner

State of \_\_\_\_\_ Physical Presence \_\_\_\_\_ or Online Notarization \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is/are personally known to me \_\_\_\_\_ or has produced \_\_\_\_\_, as identification.

\_\_\_\_\_  
Notary Signature Seal:

Receipt Number:

Date Filed: