



APPEAL APPLICATION

"Any person claiming to be aggrieved by a final decision of the Planning and Development Services Director, the DRC, or the Planning and Zoning Board, may file with all applicable fees a written appeal within 15 days after said decision to the Planning and Development Services Director or his/her designee to have the decision reviewed by the City Commission. The appeal shall state fully the specific grounds for the appeal and all of the facts relied upon by the petitioner. The City Commission shall consider only those items specified in the petition." *Land Development Code, Section 74-5(g)*

Appeal of a decision made by the following review body is requested:

- Planning & Development Services Director Development Review Committee (DRC)
- Planning and Zoning Board

APPEAL CONTACT INFORMATION *(All communication concerning this application will be directed to the below listed contact person(s)) (Owner's Authorization Form must be provided if appellant is other than owner)*

Appellant's Name(s): Chalres Castro

Appellant's Status: Owner Developer Attorney for Owner Agent for Owner
 Other Tenant

Mailing Address: _____

City/State/Zip Code: _____

Phone: 407/491-1047 Fax: _____

E-mail: castro.charles.m@gmail.com

PROPERTY OWNER INFORMATION

Owner's Name(s): EGE Holdings LLC

Owners Mailing Address: 620 Southwest 12th Avenue

City/State/Zip Code: Pompano Beach, Florida 33069

Phone: _____ E-mail: _____

ORIGINAL APPLICATION INFORMATION

File Number: 2024 A-01 Review Body: City Commission

Project Name: _____ Location/Address: 1382 Howland Boulevard

Tax Parcel Number(s): _____

Decision: Deny - current zoning C1 Date of Decision: June 3, 2024

Appeal Date Deadline: June 14, 2024

Description of Original Application Request: _____
Applicant is requesting to occupy a suite at the plaza located at 1382 Howland Boulevard for operation of a tattoo & piercing establishment. The Zoning of this location is C-1 which the City of Deltona Land Development Code prohibits this type of business in this zoning location.

Please state in detail the basis for and issues raised in this appeal. You must identify the criteria and findings that you are appealing. Attach additional sheets as necessary.

SEE ATTACHMENT (A) 2 pages

*ALSO PICTURES ATTACHED (B)
(Current location @ Hazard Blvd)


I certify the statements contained herein, along with the evidence submitted, are in all respects true and are correct to the best of my knowledge.



Signature of Appellant

6/4/24

Date

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS BOX			
Project Number:	2024-A-1	Application received by:	 Date: 6/5/2024
Application Fee:	\$500	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Check	Number: 1859