

City of North Port

CITY CLERK 21 AUG"23PH3:44:46 CITY OF NORTH PORT

DEVELOPMENT APPLICATION

Request For Affected/Aggrieved Person Status Section 2-81 of the North Port City Code

To Be Filed with City Clerk's Office by 5:00 p.m. On the Eighth (8) Calendar Day Prior To Public Hearing

I,
Application No.: Project Name: To LEDO 13 LABE 320
Please fill in the blank below as appropriate:
1. I am opposed in favor of (circle one) the application.
2. I am an owner, resident or other occupant of real property located within LOC feet of the real property which is the subject of the quasi-judicial action.
3. I am the designated representative of an individual owner, resident or other occupant of real property located within feet of the real property which is the subject of quasi-judicial action.
4. I am the designated representative of a business entity, e.g. corporation, partnership, civic or religious organization professional association, or trust, which owns real property located within feet of the real property and which is the subject of the quasi-judicial action.
 I am the designated representative of a condominium or neighborhood association whose members consist of owners, residents or occupants of real property within of the real property which is the subject of the quasi judicial action.
NOTE: If you responded to item 3, 4, or 5 above, you must have WRITTEN AUTHORIZATION signed by the person entity, or association you represent. In the case of a condominium or neighborhood association, the authorization must be signed by an officer or member of the Board of Directors of the association.
6. I will be adversely affected by the approval of the above referenced application because: Your answer should explain how you will be adversely affected to a greater degree than other members of the community at large. You may attach a separate sheet if necessary.
RUINED PROPERTY VALUE, POLLUCTION - NOISE, CHEMICAL
LIGHT, TRAFFIC CONGESTION, LOSS WILLLIFE ETC.
7. I wish to request notice of any special magistrate proceedings subsequent to the city commission's determination. X
I understand that completion of this form does not substitute for speaking in person at the public hearing on the matter. I hereby certify that the above statements are true to the best of my knowledge and belief. I understand that I or someone on my behalf must be present at the public hearing to present my case.
Print Name: CAROLYN J. PRICE BLUE Telephone No.: 941.350.3306 Print Address: 6877 N. TOES TOLEDO BLADE Email: CJPRICE 1758@VERIZON, NET
Print Address: 6877 N. PORTOLEDO BLADE Email: CJPRICE 1758 WERIZON, NET
MORTH PORT, FL. 342800
Signature: Date:
For use by the Office of the Office of the City Clerk: Timely filed? \(\subseteq \text{Yes} \subseteq \text{No Initials:} \)