

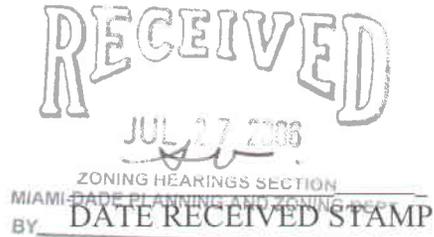
**PETITION OF APPEAL FROM DECISION OF  
MIAMI-DADE COUNTY COMMUNITY ZONING APPEALS BOARD  
TO THE BOARD OF COUNTY COMMISSIONERS**

CHECKED BY \_\_\_\_\_ AMOUNT OF FEE \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

DATE HEARD: 07/06/06

BY CZAB # 11



\*\*\*\*\*

This Appeal Form must be completed in accordance with the "Instruction for Filing an Appeal" and in accordance with Chapter 33 of the Code of Miami-Dade County, Florida, and return must be made to the Department on or before the Deadline Date prescribed for the Appeal.

RE: Hearing No. Z05-274 (06-7-CZ11-1)

Filed in the name of (Applicant) Century Business Park LLC.

Name of Appellant, if other than applicant: Director Department of Planning & Zoning

Address/Location of APPELLANT'S: 111 NW 1<sup>st</sup> St., 11<sup>th</sup> floor, Miami, Fla. 33128

Application, or part of Application being Appealed (Explanation) Entire application

Appellant (name): Director Department of Planning & Zoning  
hereby respectfully appeals the decision of the Miami-Dade County Community Zoning Appeals Board-11 with reference to the above subject matter, and in accordance with the provisions contained in Chapter 33 of the Code of Miami-Dade County, Florida, hereby makes application to the Board of County Commissioners for review of said decision. The grounds and reasons supporting the reversal of the ruling of the Community Zoning Appeals Board are as follows:  
(State in brief and concise language).

1. The Community Zoning Appeals Board-11 decision is inconsistent with the Miami Dade County Comprehensive Development Master Plan
2. The Community Zoning Appeals Board-11 decision is incompatible with Aviation activity or safety.

**APPELLANT MUST SIGN THIS PAGE**

Date: \_\_\_\_\_ day of \_\_\_\_\_, year: \_\_\_\_\_

Signed *Diane O'Quinn Williams*

Diane O'Quinn Williams  
Print Name

111 NW 1st. Street, 11th Floor  
Mailing Address

(305) 375-2117      (305) 375-4975  
Phone                      Fax

**REPRESENTATIVE'S AFFIDAVIT**  
If you are filing as representative of an  
association or other entity, so indicate:

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                              State              Zip

\_\_\_\_\_  
Telephone Number

Subscribed and Sworn to before me on the 27th day of July, year 2006

*Nubia Jarquin*

Notary Public  
*Nubia Jarquin*

(stamp/seal)

Commission expires:

