

CITY OF ANNA MARIA, FLORIDA

APPLICATION FOR RELIEF OF ITEMS IN THE RIGHT-OF-WAY

NAME: _____

ADDRESS: _____

TELEPHONE: _____

REASON
FOR
REQUEST: _____

Signature of Applicant: _____

Date: _____

INSPECTED BY THE BUILDING OFFICIAL

DATE: _____

PHOTOS: _____

RECOMMENDATION: _____

Signature of Building Official: _____

COMMISSION REVIEW

DATE: _____

FINAL DECISION: _____

Mayor's Signature: _____

Commissioner's Signature: _____

Commissioner's Signature: _____

Commissioner's Signature: _____

Commissioner's Signature: _____