



To: Don Slesnick

From: Craig E. Leen, City Attorney for the City of Coral Gables

A handwritten signature in blue ink, appearing to be "CL", located to the right of the "From:" line.

RE: Legal Opinion Regarding Appeal Fee Waiver Petition

Date: August 18, 2015

A copy of the appeal fee waiver petition is attached. Pursuant to section 2-201(e)(1) and (8) of the City Code, and section 2-702 of the Zoning Code, it is my determination that this form will be sufficient for your appeal fee waiver petition. This does not prevent the City from modifying the form in the future for future matters.

Herbello, Stephanie

From: Leen, Craig
Sent: Tuesday, August 18, 2015 4:13 PM
To: Herbello, Stephanie
Subject: FW: Appeal Fee Waiver Petition
Attachments: Appeal Fee Waiver Petition.pdf

Please publish, and include the attached form.

Craig E. Leen, City Attorney
*Board Certified by the Florida Bar in
City, County and Local Government Law*
City of Coral Gables
405 Biltmore Way
Coral Gables, Florida 33134
Phone: (305) 460-5218
Fax: (305) 460-5264
Email: cleen@coralgables.com



CORAL GABLES
FLORIDA

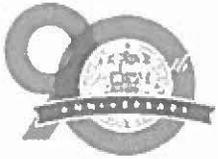
Celebrating 90 years of a dream realized.

From: Leen, Craig
Sent: Tuesday, August 18, 2015 1:05 PM
To: 'Don Slesnick'
Cc: Foeman, Walter; Ramos, Miriam; Figueroa, Yaneris; Urquia, Billy; Tompkins, Jane; Wu, Charles; Trias, Ramon
Subject: Appeal Fee Waiver Petition

Mayor Slesnick,

A copy of the appeal fee waiver petition is attached. Pursuant to section 2-201(e)(1) and (8) of the City Code, and section 2-702 of the Zoning Code, it is my determination that this form will be sufficient for your appeal fee waiver petition. This does not prevent the City from modifying the form in the future for future matters.

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CORAL GABLES
1925-2015

Celebrating 90 years of a dream realized.



CITY OF CORAL GABLES

APPEAL FEE WAIVER PETITION

In accordance with Resolution No. 2014-224, an appeal fee waiver will be granted if the appealing party presents a petition with the signature of residents of 30 households within 1,000 feet of the subject property.

Appealing Party Name, Address, and Phone Number:

Applicant Name:

Name of Board and Date of Board Hearing that is the Subject of the Appeal:

Address of Subject Property:

| | Print Name: | Signature: | Address: | Phone: |
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CITY OF CORAL GABLES

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CITY OF CORAL GABLES

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