

City of Holly Hill
1065 Ridgewood Avenue
Holly Hill, Florida, 32117

Applicant Acknowledgement Form

On the date of _____,

I _____, received the list of addresses and letter of notification related to my Variance/Special Exception request.

I understand that notification must be mailed on _____.

I understand that all mailings must be completed 14 days in advance of my hearing date and must be mailed via CERTIFIED MAIL RETURN RECEIPT REQUESTED.

I understand that I must provide the City with a receipt from the Post Office as proof of mailing.

Signature: _____

Date: _____