

PETITION FOR REVIEW APPLICATION

TYPE OF HEARING: (MUST BE FILED WITHIN 14 CALENDAR DAYS OF DECISION):

- ARCHITECTURAL REVIEW COMMISSION (ARC)
- BARRIO LATINO COMMISSION (BLC)
- VARIANCE REVIEW BOARD (VRB)
- DECISION OF THE ZONING ADMINISTRATOR/HISTORIC PRESERVATION MANAGER
- FORMAL DECISION OF THE ZONING ADMINISTRATOR

Name of Petitioner: STEPHEN MICHELIAM

Mailing Address (state, city, zip): 2407 SUNSET DR

Telephone Number: Day 813-390-7956 Evening: \_\_\_\_\_

E-Mail Address (For notification purposes): \_\_\_\_\_

Address of Subject Property: 2312 GRACE ST.

PETITIONER IS:

- Applicant of the underlying decision
- Owner
- Aggrieved person who participated in the decision and is the owner of property within 300 feet of the subject parcel

If Petitioner is not the property owner or the applicant of the original request, this form must be sent to the property owner and the applicant of the original request by Certified Mail no later than five (5) days after this Petition for Review is filed.

Date of Original Review Decision: 10-28-25 (SU-1-25-59) (Attach copy of the written decision)

Attach decision letter and a statement on your basis for the Petition for Review. You must include the applicable City of Tampa Code Section that you assert was not correctly applied. SEC. 27-132 & 27-241

CITY STAFF FAILED TO RECOGNIZE RESIDENTIAL ZONE ON ADJACENT AND NEARBY PROPERTIES DUE TO LIMITATION IN CURRENT CITY CODE

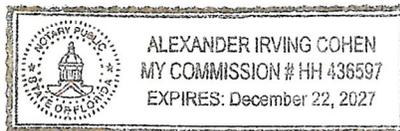
I, the undersigned petitioner, hereby certify that all information on this petition is true and correct.

Signature of Petitioner \_\_\_\_\_

State of FLORIDA Physical Presence  or Online Notarization \_\_\_\_\_  
County of HILLSBOROUGH

Sworn to and subscribed before me this 31<sup>st</sup> day of OCTOBER, 2025 by STEPHEN BARNES, who is/are personally known to me  or has produced \_\_\_\_\_ as identification.

Notary Signature \_\_\_\_\_ Seal:



Receipt Number: #1724025 Date Filed: Oct 31, 2025 (KO)