

#160982

City of Gainesville Clerk of the Commission  
Physical Address: 200 E. University Avenue, Gainesville, FL 32601  
Mailing Address: PO Box 490 Station 19, Gainesville, FL 32627

Phone: 352-334-5015  
Fax: 352-334-2036  
E-mail: clerks@cityofgainesville.org

**REQUEST TO PARTICIPATE IN FORMAL QUASI-JUDICIAL HEARING**  
(Please refer to the "Quasi-Judicial Hearings" information provided on page 4.)

Quasi-judicial matter (e.g., petition/ordinance #, etc.): PB-17-30-ZON  
Date of hearing: July-6-2017

1. Please indicate your status as it relates to this matter:

- : **APPLICANT** (i.e., the property owner or entity that has applied for a rezoning, Special Use Permit, development review, variance, etc.)
- : **AFFECTED PARTY** (i.e., you either: **a**) have received or are entitled to receive mailed notice under Section 30-351 of the Land Development Code, **OR b**) believe you may, depending on the result of this quasi-judicial hearing, suffer an injury distinct in kind and degree from that shared by the general public.)

2. Are you for or against approval of this matter?

- : **FOR**
- : **AGAINST**

3. Name (please print): Hemang Patel  
Address: 1901 SW 13 ST - Gainesville, FL  
Phone number: 352-284-3298  
Signature: [Signature] Date: June-22-2017

**Attorney Information (if applicable):**

Name (please print): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Signature: [Signature]

**This form together with any exhibits to be presented at the hearing shall be received by the City of Gainesville Clerk of the Commission (see contact info. above) no less than seven (7) calendar days prior to the date of the hearing as stated in the mailed notification letter.**

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(Please refer to the "Quasi-Judicial Hearings" information provided on page 4.)

Quasi-judicial matter (e.g., petition/ordinance #, etc.): Petition PB-17-30 ZON

Date of hearing: 07/06/2017

1. Please indicate your status as it relates to this matter:

       : **APPLICANT** (i.e., the property owner or entity that has applied for a rezoning, Special Use Permit, development review, variance, etc.)

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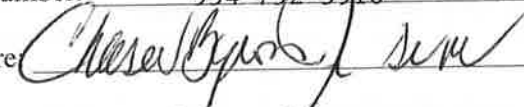
       : **FOR**

XX : **AGAINST**

3. Name (please print): Charles W. Byron, Jr., DVM

Address: 7000 NW 84 AVE, Parkland, FL 33067

Phone number: 954-752-5910

Signature:  Date: 06/23/2017

**Attorney Information (if applicable):**

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_

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