



**Board of County Commissioners**

DEPARTMENT OF GROWTH MANAGEMENT  
LAND DEVELOPMENT DIVISION  
3600 W. Sovereign Path, Suite 140  
Lecanto, FL 34461

Telephone: (352) 527-5239 TTY Dial 711  
Web Address: www.citrusbocc.com

**REQUEST TO INTERVENE APPLICATION**

Please complete the following information and return to the Department of Growth Management at least **fourteen (14) business days** prior to the hearing on the matter. If requesting to intervene as a group, provide name of group and name of individual who shall act as representative of the group. Only one request need be submitted per each application number for which status as an intervenor is sought, irrespective of the number of hearings to be held on the matter. This request shall suffice for all subsequent proceedings on the same application number, regardless of the governing body to hear the matter.

Pursuant to Citrus County Code of Ordinances 2-53 and 2-54(d), eligibility shall be based on recognized legal principals of standing. Those filing a request shall be considered a party to the hearing, subject to a determination of standing. **A Request to Intervene shall be for the purpose of presenting evidence and witness testimony on the matter and should not be used merely to extend the time for which an individual may otherwise speak as a participant.**

Circle One:

Subject: \_\_\_\_\_ BOCC/PDC/OTHER Date: \_\_\_\_\_

Application No: \_\_\_\_\_ Agenda Item: \_\_\_\_\_ Agenda Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

1. Explain what protected interest(s) you, as an individual or group, believe will be adversely impacted by the challenged action. Examples of protected interests include health and safety, police and fire protection service systems, densities or intensities of development, transportation facilities, health care facilities, equipment or services, and environmental or natural resources. The alleged adverse interests may be shared in common with other members of the community at large but must exceed in degree the general interest in community good shared by all persons.

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Application # \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that the following documentation as listed below in Column A has been provided to all the parties listed below in Column B. Further, that such provision is in a manner consistent with the criteria established in the Citrus County Quasi-judicial Ordinance.

Signature \_\_\_\_\_

A) Documentation:

B) Service Recipients:

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\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_) \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_ for \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

Seal