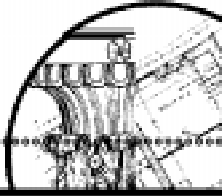


# APPEAL APPLICATION



**GENERAL INFORMATION:** (Please print) Date: \_\_\_\_\_

Appellant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant (if different from appellant): \_\_\_\_\_

## APPEAL APPLICATION

Application # \_\_\_\_\_ Date of Decision \_\_\_\_\_ Appeal Deadline \_\_\_\_\_

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

I hereby appeal the decision of the:

- Zoning Hearing Officer
- Zoning Administrator
- Environmental Administrator

- Planning Director
- Film Liaison

The decision maker failed to comply with the provisions of the zoning ordinance in the following manner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If necessary, please attach additional sheets**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

Activity #

Application Fee: \_\_\_\_\_ \$

Appeal Hearing Date \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**SIX SETS OF PLANS MUST BE SUBMITTED WITH APPLICATION. VERIFY THAT FILE INCLUDES A SET OF LABELS.**