



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:

- | | |
|--|--|
| <input type="checkbox"/> Zoning Hearing Officer | <input type="checkbox"/> Planning Director |
| <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> Film Liaison |
| <input type="checkbox"/> Environmental Administrator | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Design Commission | <input type="checkbox"/> Historic Preservation |

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

SIX SETS OF PLANS AND LABELS MUST BE SUBMITTED WITH APPLICATION.

Activity # _____	_____
Application Fee: \$ _____	Appeal Hearing Date _____
Date Received: _____	Received by: _____