APPEAL APPLICATION

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GENERAL INFORMATION: (Please print) RECEIVED (1 28 05
Appellant: Robert Hunter et al 105 NOV 28 P4:22
Mailing Address: 120 11 Beile Ne Dr.
City: State PASZIDEN 1165
Phone #: (day) 6 26 372. 760(evening) Suwc Fax #: 626 .74 3 94445 Contact Person: Phone #: 626 372. 260 (
Contact Person: Phone #: 626-3/2-2601
Applicant (if different from appellant):
APPEAL APPLICATION
Application # 4533 Date of Decision 11,16.05 Appeal Deadline 11,28,05
Property 94-112 Waveny Dive Address:
I hereby appeal the decision of the: Zoning Hearing Officer Zoning Administrator Environmental Administrator Design Commission Planning Director Film Liaison Subdivision Design Commission
The decision maker failed to comply with the provisions of the zoning ordinance in the following manner:
mitigation of traffic, parking & safat issues
If necessary, please attach additional sheets
11,28.05
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: