



DATE RECEIVED
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## APPEAL APPLICATION

Type or print the following information:

Name of Appellant:	
Mailing Address:	
City, State, Zip Code:	
Daytime Phone:	

**TYPE OF APPEAL:** Please check the applicable type of action:

Administrative  
 Design Review  
 Planning Comm.

**Project being appealed:** \_\_\_\_\_

**Action being appealed:** \_\_\_\_\_

**Date of action:** \_\_\_\_\_

**Specific Reasons for Appeal** (Attach additional pages if necessary)

- 1.
- 2.

\_\_\_\_\_  
 Signature Date

**Note:** This appeal must be submitted within **ten (10)** days of the Final Determination of the Administrative Official or Advisory Body. If the action taken on the appeal is challenged in court, the challenge may be limited to raising only those issues raised at the public hearing or in written correspondence delivered to the Planning Commission or City Council at or prior to the public hearing.

**FOR OFFICE USE ONLY**

**Date submitted:** \_\_\_\_\_  
**Planner:** \_\_\_\_\_  
**PA#** \_\_\_\_\_

**Fee total:** \_\_\_\_\_  
 Fixed Fee Project  
 Deposit/Hourly Project  
**Project No. to Charge** \_\_\_\_\_