

PLANNING COMMISSION NOTICE OF APPEALS FROM ACTION OF THE PLANNING OFFICIAL

Please complete in ink and return to the Planning and Codes Administration Department with required information. Appeals applications require a designation of agent if owner is not the applicant. Both sides of this application must be completed; incomplete applications will not be accepted.

File no.: R	PIN:	Date submitted:	Planning Commission meeting date:
File II0 K	FIN	/ /	/ /

OWNER(S) INFORMATION				
Last name: First: Middle: Interest				
			□ Sole owner	Co-owner
Mailing address:	City:	State:	ZIP Code:	
Daytime phone no.:	Fax no.:		E-mail:	
()	()			

APPLICANT INFORMATION			
To be completed only if Owner is not Applicant:			
Applicant's last name:	First:	Middle:	
Mailing address:	City:	State:	ZIP Code:
Daytime phone no.:	Fax no.:		E-mail:
()	()		

PROPERTY INFORMATION			
Property address:	Property dimensions:	Property area:	

	DESIGNATION OF AG	ENT
To be completed by Owner(s) only	if Owner is not Applicant. All owners must sign.	
I (we) hereby appoint the person r	named as Applicant as my (our) agent to represent m	e (us) in this appeal from the action of the planning official.
Owner name	Owner signature	Date
Owner name	Owner signature	Date
To be completed by Applicant:		
I certify that the information in this	s request is correct.	
Applicant name	Applicant signature	Date

REQUIRED INFORMATION

1. Request for appeal

Applicant hereby appeals to the Planning Commission from the action of the Planning Official affecting the property described on this application on the grounds that:

- 1. ____ Granting of a permit
- 2. ____ Denial of a permit

to permit the following: ______ was erroneous and contrary to the provisions of the Land Development Regulations as described in Section ______ or other action or decision of the Planning Official was erroneous as described below:

2. How the applicant is aggrieved:

The applicant is aggrieved by the action or decision in that:

3. Applicant's Interpretation of this matter:

The applicant contends the correct interpretation is:

4. Relief demanded:

The applicant requests the following relief:

Use additional sheets if necessary.

Rev. 12-21-05; 06-15-07