



APPEAL OF DECISION APPLICATION

All Questions must be answered

Appeal of Decision by (check one)

Planning Commission Zoning Commission

Appellant / Applicant Information

Name:

Phone:

Address:

Fax:

City:

State:

Zip:

Cell Phone:

Project / Item Name:

Project / Item Location:

Date of Decision for which appeal is being filed:

State the specific action you are appealing:

State the reasons why the decision should or should not have been made:

Cite the specific outcome you are requesting under the appeal:

State how you are an affected individual entitled to file this appeal:

Did you speak at the public hearing when this item was considered: yes no

Did you submit written comments prior to the action on the item being
appealed? yes no

Will you be speaking on your own behalf? yes no

If 'no' who will represent you?

