

APPEAL OF DECISION APPLICATION

All Questions must be answered Appeal of Decision by (check one) [] Planning Commission [] Zoning Commission					
Appellant / Applicant Information					
Name: Address:		Phone: 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 h	earing when this item	was considered	l: yes [] no []		
Did you submit written commappealed?	ments prior to the action	n on the item be	eing yes[] no[]		
Will you be speaking on your	r own behalf?		yes [] no []		
If 'no' who will represent you	u?				

Will the information you present require engineer review?	yes [] no []		
Was any of this information presented at the public hearing?	yes [] no []		
Have you been in contact with the opposing parties to try and reach a compromise in this matter?	yes [] no []		
I hereby swear that all of the above statements, and the statements contained in any papers or plans submitted herewith, are true to the best of my knowledge and belief. I request that this matter be given consideration by the earliest possible date, and that notice of the hearing be given to the undersigned and all interested parties.			
Signature of Appellant / Applicant	Date:		
[] Fee has been paid			
Notes:	Date:		
	Staff:		

What is the nature of the information to be presented regarding this appeal?