

APPLICATION FOR AN APPEAL OF STAFF DECISION

	THIS SPACE	E FOR OFFICE USE ONLY	
APPEAL FILE NO.			
APPEAL REQUEST			
MAP NUMBER:	DISTRICT	Г:	PARCEL:
AGENDA DATE:/	REFERENCE:		
RECEIPT NO.	AMOUNT: \$	RECEIPT DATE:	
	from action or decisions of a		
after said decision or act. A the administration of this r decision being appealed. To requirements, decisions or	any person, firm, or corporation esolution may file an appeal the Commission may, after a hard determination of the zoning	on aggrieved by a decision or ac in writing with the Commission learing, affirm or reverse, wholl	solution shall be final seven (7) days of the zoning enforcement officer in must in within seven (7) days of the act or y or in part, or may modify the order, cedure for hearing appeals from the 7.12, "Public Hearings."
Date:			
Applicant's Name:			
Applicant's Mailing Addre	ss: Street Address		
	City	State	Zip
E-mail address for primary Note: When possible		agenda item will be by email.	
Daytime Phone Number:			
Address of Subject Propert	y		- -
Date of Act or Decision bei	ng appealed:		
Description of Act or Decis	sion being appealed:		
	appeal of staff decision or a or other action may be requ	ct only. Should the appeal be a	approved an application for a
Applicant Signature		Date	