



Activity No. _____ OFFICE USE
Base Fee \$ _____ Receipt No. _____
Received By _____ Date _____
Deemed Complete By _____ Date _____

This application form must be complete and submitted to the Planning Director within five (5) business days of the decision being appealed and must be signed by the applicant or an adjacent property owner who would have been entitled to receive notice of the original application.

I. TYPE OF APPEAL

- Planning Director Decision
Planning Commission Decision

II. APPELLANT

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Representative / Primary Contact _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

III. ACTION BEING APPEALED

Project Name _____
Activity Number _____ Date of Decision _____
Decision/action being appealed (e.g., approval, denial, conditions) _____

IV. REASON FOR APPEAL

Attach additional pages if necessary.

V. SIGNATURE

By signing below, the appellant acknowledges that all information contained on this application form and within accompanying submittals are true and correct and agrees to pay all required fees associated with this application. The base fee is intended to cover the estimated minimum staff hours to process the application. Any additional staff hours will be assessed at \$134 per hour. The applicant signing below is responsible for all additional hourly fees.

Appellant's Signature _____ Print/type name of appellant _____