

Date: _____

Name of Appellant: _____

Mailing Address: _____

Phone Number: _____

Property Location: _____

Present Zoning: _____

Requested Action: _____

Date of Action: _____

Type of Appeal (Check One):

_____ Appeal of Planning Commission Action

_____ Staff/Administration Interpretation

Reason For Appeal (Additional information may be attached.):

In order for a Notice of Appeal to be considered, it must be received by the City Clerk's office within ten (10) calendar days of the Date of Action with the \$250.00 non-refundable fee. Any Notices of Appeal received after the ten (10) calendar day deadline will not be considered.

I hereby certify that the facts and information contained in this Notice of Appeal are true and correct to the best of my knowledge.

Property Owner/Official Representative

THIS SECTION FOR CITY USE ONLY:

Date Received (Stamp):

Date scheduled to be heard by City Council: _____

Date City Council heard: _____

_____ Appeal Approved _____ Appeal Denied