

FOR CITY USE ONLY:

File # _____

Date Filed: _____

Received by: _____

APPEAL OF ADMINISTRATIVE DECISION

APPELLANT(S): _____

MAILING ADDRESS: _____

CITY: _____ **STATE & ZIP CODE:** _____

TELEPHONE #: _____ **FAX #:** _____

**Describe the action being appealed and state the reasons for the appeal.
(You may attach a letter or other exhibits to describe or justify this appeal.)**

APPELLANT(S) SIGNATURE: _____

DATE: _____
DATE: _____

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FOR CITY USE ONLY:

Fee Paid (_____) \$445.00

Receipt # _____

Date: _____

Notice of Public Hearing:

Mailed (_____) Date: _____

Published (_____) Date: _____

Posted (_____) Date: _____

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PLANNING COMMISSION ACTION:

DATE:

Approve: _____

Deny: _____

Table: _____ **Until** _____

Receive & File: _____