



**APPLICATION**

**APPEAL OF A PLANNING COMMISSION DECISION**

File #

Fee\*: Cost of Original Application \$ \_\_\_\_\_

*ALL SECTIONS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
REVIEW WILL BEGIN ONLY WHEN THE APPLICATION IS DETERMINED TO BE COMPLETE*

**Appellant**

Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Other individuals to be notified of this application:

Name

Address

City & Zip

\_\_\_\_\_  
\_\_\_\_\_

The appellant hereby requests the Board of County Commissioners to consider the following decision:

File Number: \_\_\_\_\_ Nature of Application: \_\_\_\_\_

Decision: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Assessor's Map & Tax Lot Number: T \_\_\_\_\_ S, R \_\_\_\_\_ W, Section(s) \_\_\_\_\_, Tax Lot(s) \_\_\_\_\_

**REQUIRED:** *(Failure to cite specific Plan or Code provisions and to demonstrate standing will nullify your appeal.  
See BCC 51.830. Attach additional sheets as necessary.)*

1. State the reasons for the appeal, citing the specific Comprehensive Plan or Development Code provisions which are alleged to be violated:

\_\_\_\_\_  
\_\_\_\_\_

2. A statement of the standing to appeal: \_\_\_\_\_

\_\_\_\_\_

*\*NOTE: The required fee is a deposit in the amount of the fee of the original application (or if the original application fees were waived per BCC 51.520, then the fee is \$200). Costs of processing the appeal will be tracked and any portion of the deposit not expended in the appeal will be returned to the appellant together with an accounting of the costs.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(For Office Use Only)*

Date Application Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

File Number Assigned: \_\_\_\_\_ Planner Assigned: \_\_\_\_\_