



# APPEAL OF DECISION

(Please Note: Original application and staff report are made a part of this application.)

Type:  One Year Plan Amendment  Sector Plan Amendment  Rezoning  Variance  
 Street Name Change  Right-of-Way Closure  
 Certificate of Appropriateness  Other: \_\_\_\_\_

Decision by:  Planning Staff  Planning Commission  Other: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Jurisdiction:  City \_\_\_\_\_ Council District  County \_\_\_\_\_ Commission District

Original Applicant Name: \_\_\_\_\_ Original File Number: \_\_\_\_\_

Name of Owner of Subject Property: \_\_\_\_\_

Description of Subject Property (Include city block and parcel number or lot number): \_\_\_\_\_

Zoning map of all property within 300 feet of the subject property is attached.

## DECISION BEING APPEALED

## REASON FOR THE APPEAL

Attach additional pages, if necessary. \_\_\_\_\_

## PETITIONER INFORMATION

Name of Petitioner: \_\_\_\_\_

Petitioner's Interest in the Matter (Include a description of affected property owned by Petitioner): \_\_\_\_\_

Application Authorization: *I hereby certify that I am the applicant/authorized representative for the above named petitioner.*

Signature: \_\_\_\_\_

All correspondence should be sent to: Name (Print): \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### For **Planning** Staff Use Only

Application Accepted by Planning Staff Member: \_\_\_\_\_

Appeal Fee Amount: \_\_\_\_\_ Date Appeal Received: \_\_\_\_\_

### BODY WHO WILL HEAR THE APPEAL & MEETING DATE OF THE APPEAL

City Council - 6 p.m.

County Commission - 7 p.m.

City BZA - 4 p.m.

Planning Commission - 1:30 p.m.

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Month • Date • Year

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