

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

Name of Person Appealing Decision _____

Interest *(Owner, Owner's Agent, Group Representative, Other)* _____

Date Appeal Filed _____

ORIGINAL APPLICATION INFORMATION

Name of Applicant _____

Date Heard by TTCDA _____

File Number(s) _____

Jurisdiction: City _____

Councilmanic District _____

County _____

Commission District _____

Certificate of Appropriateness for: Building Permit

Rezoning

Signage

Zoning Variance

DECISION BEING APPEALED

REASON FOR APPEAL

Attach additional pages if needed.

Approval Denial Modification Other

Please be specific:

APPLICATION CORRESPONDENCE

Please Print.

Name _____

Phone _____

Fax _____

Mailing Address _____

Email _____

AUTHORIZATION

I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, whose signatures are included on the back of this form.

Applicant Signature _____

Please Print _____

Date _____

Mailing Address _____

Phone _____

Fax _____

STAFF USE ONLY

Application Accepted by Staff Member _____

Fee Amount _____

Date _____

Body of who will hear the appeal: City Council (6pm) _____

County Commission (7pm) _____

Meeting Date _____

Meeting Date _____