



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 BZA Other: _____ Date of Decision: _____

Jurisdiction: City _____ Councilmanic 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.

Month • Date • Year

Month • Date • Year

Month • Date • Year

Month • Date • Year