



ADMINISTRATIVE APPEAL APPLICATION

STAFF USE ONLY
 Date Submitted: _____ Received by: _____ Fee paid: _____ Project # _____

REQUIRED SUBMITTALS

Design Review Appeal: \$ 1,000.00
Planning Commission/Administrative: \$ 1,000.00

A COMPLETE APPLICATION, as determined by the Planning Department, is required at time of submittal. Application forms can be obtained at <http://cdaid.org/1105/departments/planning/application-forms>.

DEADLINE FOR SUBMITTALS

The completed form must be submitted to the Planning Department not later than fifteen (15) days following the date of the decision, administrative action, or interpretation to be appealed.

- Completed application form**
- Information that may be required to facilitate review**
- Fee /\$1,000.00**

NATURE OF APPEAL:

PROJECT NAME:
ADDRESS:
DATE OF DECISION OR OTHER ACTION:
PROJECT NUMBER:

- Appeal of Design Review Commission's decision, administrative action, or interpretation (Action Appeal)
- Appeal of Planning Commission's decision, administrative action, or interpretation (Action Appeal)
- Appeal of Planning Department's decision, administrative action, or interpretation (Administrative Appeal)

APPELLANT INFORMATION:

NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

APPLICATION INFORMATION:

PROPERTY OWNER:		
PROPERTY ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

APPEAL JUSTIFICATION:

State specifically the nature of the appeal.

You must state specifically your objection(s) to the decision or other action, stating whether you believe there was an abuse of discretion and/or whether you believe the decision or other action was not supported by the evidence. You must include any information that supports your contentions in order to facilitate review. Please fill out all boxes below.

1. State the basis of your appeal: (Required)

2. Identify the decision or action you believe was in error: (Required)

3. State the information that supports your appeal (e.g., evidence of record that does not support the decision, findings, etc.):

I _____ certify that I have standing to appeal the decision.
(Name of Appellant)

Dated this _____ day of _____, 20____.

Signature

State of Idaho

County of _____

This record was acknowledged before me on _____, by _____
print name of signer(s)

Notary Public for State of Idaho

Residing at: _____

My commission expires: _____