

APPEAL OF STAFF DECISION FORM

* The completed Appeal Form and supplemental information shall be submitted to the County Planning Office no later than 10 days prior to the regularly scheduled meeting of the Planning Commission in order for the appeal to be considered at that meeting.

SECTION I - GENERAL INFORMATION

Appellant _____ Date _____
Address _____ Plan Title _____

Phone _____

Signature _____

SECTION II - NATURE OF APPEAL

Date of Decision by Staff _____ Decision Rendered By _____

Basis of this appeal relates to (check all that apply): Conditions of Approval Ordinance Interpretation
 Plan Disapproval Processing Procedures Plan Requirements

Did you attempt to resolve the matter with the staff member issuing the decision? Yes No

Did you contact the Planning Director in an attempt to resolve the issue prior to filing this appeal? Yes No

Specific Decision being Appealed (Include Ordinance Section(s)) _____

Applicant's Reason for Appeal _____

