



A Better Way of Life

# Town of Apple Valley Appeal Application



This request must be filed with the Planning Division within ten (10) calendar days following the date of action. An Appeal request received after this time *will not be accepted*. Appeals requiring Town Council consideration will be forwarded to the Town Clerk by the Director.

## FOR TOWN USE ONLY

Date Submitted: \_\_\_\_\_ Case No.: \_\_\_\_\_ Received By: \_\_\_\_\_  
Planning Fee: \_\_\_\_\_ Other Fees: \_\_\_\_\_ Case Planner: \_\_\_\_\_

*Type or print legibly in ink only*

**PROPERTY ADDRESS** \_\_\_\_\_

### FEE

	<u>Initial Deposit</u>	<u>Actual Cost not to exceed</u>
<input type="checkbox"/> Appeal Fee – To Planning Commission	\$253	\$253
<input type="checkbox"/> Appeal Fee – To Town Council	\$253	\$253

The Appeal Fee does not apply to permits the Planning Commission acted to revoke or amend.

### APPELLANT INFORMATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PROJECT INFORMATION

Project Number Being Appealed \_\_\_\_\_  
Project Description \_\_\_\_\_

Assessor's Parcel No. (s) \_\_\_\_\_ Tract \_\_\_\_\_ Lot \_\_\_\_\_

### APPEAL STATEMENT

1. I am/We do hereby appeal the findings/conditions/interpretations of the Town of Apple Valley:  
(Check one)
- |                             |                         |
|-----------------------------|-------------------------|
| _____ Planning Commission   | _____ Planning Director |
| _____ Public Works Director | _____ Building Official |
| _____ Town Engineer         | _____ Fire Chief        |

2. I/We appeal to the Town of Apple Valley:  
(check one)  
\_\_\_\_\_ Planning Commission      \_\_\_\_\_ Town Council

3. I/We am/are appealing the project action taken to:  
(Check those which apply)  
\_\_\_\_\_ Deny the project      \_\_\_\_\_ Adopt a Negative Declaration  
\_\_\_\_\_ Approve the project  
\_\_\_\_\_ \*Approve the project condition of (specify):  
\_\_\_\_\_  
\_\_\_\_\_  
Other: \_\_\_\_\_

4. Detail what is being appealed and what action or change you seek. Specifically address the findings, mitigation measures and/or policies with which you disagree. Also state exactly what action/changes you would seek.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We understand that as appellant I/We have the burden of proof in this matter:

\_\_\_\_\_  
Signature  
  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature