



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	\$282	\$282
<input type="checkbox"/> Appeal Fee – To Town Council	\$282	\$282

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

- 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

Signature

Date _____