

APPEAL OF SUBDIVISION

Original Application Name: _____

Type of Subdivision: Concept Plan Final Plat

Date Heard by MPC: _____ **File No:** _____

Jurisdiction: City _____ Councilmanic District County _____ Commission District

DECISION BEING APPEALED:

Approval, Denial, Modification, etc. (Be Specific):

REASON FOR APPEAL: (State the specific conditions, requirements, or grounds for disapproval or approval being appealed.)

NAME OF PERSON APPEALING DECISION:

Name: _____ Date Appeal Filed: _____
 Interest: _____ Appeal Fee Paid: _____
 (Applicant, Owner, Proponent, Opponent, Attorney, Other)

MEETING DATE OF APPEAL:

<input type="checkbox"/> City Council at 7:00 p.m. _____ Month / Date / Year	<input type="checkbox"/> County Commission at 4:00 p.m. _____ Month / Date / Year
--	---

ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:

 Name: (Print) Address - City - State - Zip - Phone - Fax

AUTHORIZATION OF APPLICATION:

I hereby certify that I am the subdivision applicant; a party for or against the subdivision (who was present at the MPC hearing when action was taken); or an attorney representing such applicant, proponent, or opponent.

Signature: _____

 Name: (Print) Address - City - State - Zip - Phone - Fax

APPLICATION ACCEPTED BY: