



APPEAL OF DECISION

Name of Person Appealing Decision: _____

Interest: _____

OWNER, OWNER'S AGENT, GROUP REPRESENTATIVE, OTHER

Date Appeal Filed: _____

ORIGINAL APPLICATION INFORMATION

Name of Applicant: _____

Date Heard by TTCDA: _____ File Number: _____

Certificate of Appropriateness for: Building Permit Rezoning Signage Zoning Variance

Jurisdiction: City _____ Councilmanic District County _____ Commission District

DECISION BEING APPEALED

Approval Denial Modification Other
(Please be specific)

REASON FOR APPEAL

MEETING DATE OF APPEAL

City Council at 7 P.M.

MONTH • DAY • YEAR

MEETING DATE OF APPEAL

County Commission at 4 P.M.

MONTH • DAY • YEAR

APPLICATION CORRESPONDENCE — All correspondence relating to this application should be sent to:

PLEASE PRINT

Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

APPLICATION AUTHORIZATION — I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, whose signatures are included on the back of this form.

Signature: _____

PLEASE PRINT

Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

APPLICATION ACCEPTANCE — Staff Member who accepted this application: