Design Review Commission
Appeal Application Form

Applicant's Name: _____

Mailing Address: _____

Phone Number: _____

Reason for Appeal: _____

_____

_____

_____

_____

_____ _____

Signature of Applicant **Date**

Date of Design Review Commission Final Review decision: _____

NOTE: Appeal must be filed within five (5) days of the DRC's decision.

Staff Report: _____

_____

_____

_____

_____

_____ _____

Signature of Staff **Date**

Appeals to the City Council concerning Design Review Commission decisions require a $25 non-refundable deposit. The deposit is a minimum fee; actual fees shall be determined by the actual cost of processing the appeal.

Applicant / staff may attach any document, picture(s), or information they feel will assist the City Council in making a decision. Material(s) not presented to the Design Review Commission during the Final Review will not be accepted for the purpose of this appeal.

Application received by: _____

Date: _____ Fee pd _____ Receipt #: _____