

APPEAL APPLICATION

- CITY OF DUBOIS
- CITY OF SPENCER
- CLARK COUNTY



1. Applicant:	Address:	City, State, Zip Code	Phone:
2. Attorney:	Address:	City, State, Zip Code	Phone:
3. This Appeal is from a decision of the:	Planning and Zoning Commission	Board of County Commissioners	City Council
4. Describe the Action being appealed:	Attach a Copy of the Notice of Decision		
5. Describe the reasons this action should be reversed:			
6. Additional information may be filed to document and support your appeal. How much time do you need to prepare these materials?			
7. Signature:	_____		_____
FOR OFFICIAL USE ONLY			
Appeal Accepted by:		Date:	Appeal Fee Received:
Notice Published:	Notice to Owners:	Appeal Hearing:	Notice of Decision:
Commission/Council/BOCC Action		<input type="checkbox"/> Decision Upheld <input type="checkbox"/> Decision Reversed	
Motion By: _____	Seconded By: _____		
_____		_____	
Signature		Date	
Conditions Imposed On Reversal:			
(Additional Sheets may be used)			