APPEAL OF A DENIAL BY THE PLANNING COMMISSION FOR A CONDITIONAL USE PERMIT *APPEALS MUST BE SUBMITTED TO RESOURCE MANAGEMENT WITHIN 3 BUSINESS DAYS FROM THE DATE OF DENIAL

1.				
	NAME - PROPERTY OWNER		POTENTIAL BUYER/LEASOR	
	ADDRESS		ADDRESS	
	CITY - STATE - ZIP	PHONE	CITY - STATE - ZIP	PHONE
	EMAIL ADDRESS		-	
2.	LEGAL DESCRIPTION of land fo SECTION, TOWNSHIP and RAN		al Use Permit application is made, including ND/OR PARCEL NUMBER:]
3.	Classification and proposed use f (Please be as detailed as possibl			
4.	Reason why Planning Commissio	on recommendatio	on for denial is in error:	
5.	Name of individual(s) who preser	nted request to Pla	anning Commission:	
6.	Date request was denied by Plan	ning Commission.	·	
7.	Who should we contact with ques	tions regarding thi	s request? NAME	PHONE
TH AL NC	IAT IT IS NECESSARY FOR THE JTHORIZATION) BE PRESENT F	APPLICANT OR OR THE COUNT BE MADE TO TH	CT TO THE BEST OF MY KNOWLEDGE. I THEIR REPRESENTIVE (WITH WRITTEN Y COMMISSION HEARING. I ALSO UNDE E REQUEST BETWEEN THE PLANNING / IISSION HEARING.	UNDERSTAND RSTAND THAT
OW	NER'S SIGNATURE	DATE	POTENTIAL BUYER'S SIGNATURE	DATE
			RECEIVED BY:	
			RESOURCE MANAGEMENT	DATE