## APPEAL OF A DENIAL BY THE PLANNING COMMISSION FOR A REVISION TO THE ZONING MAP

## \*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 for which revision to zoning map application is made, including SECTION, TOWNSHIP and RANGE, ADDRESS AND/OR PARCEL NUMBER.			
3.	Proposed use should rezoning be approved: (Please be as detailed as possible)			
4.	Reason why Planning Commiss	ion recommendation	for denial is in error:	
5.	Name of individual(s) who prese	ented request to Plan	ning Commission:	
6.	Date request was denied by Pla	nning Commission.		
7.	Who should we contact with que	stions regarding this		DUONE
TH BE CH	HAT IT IS NECESSARY FOR THE PRESENT FOR THE COUNTY	E APPLICANT OR T COMMISSION HEA E REQUEST BETWI	NAME  TO THE BEST OF MY KNOWLEDGE. I U HEIR REPRESENTIVE (WITH WRITTEN A IRING. I ALSO UNDERSTAND THAT NO S EEN THE PLANNING AND ZONING COMM G.	AUTHORIZATION) SIGNIFICANT
0	WNER'S SIGNATURE	DATE	POTENTIAL BUYER'S SIGNATURE	DATE
			RECEIVED BY:	
			RESOURCE MANAGEMENT OFFICE	DATE