**APPLICATION FOR APPEAL**

Zoning Office Use Only

File #:

Fee:

Tentative Hearing Date:

*Department of Planning and Economic Development*

*Zoning Section*

*1400 City Hall Annex*

*25 West Fourth Street*

*Saint Paul, MN 55102-1634*

(651) 266-6589

**APPELLANT**

Name: Click here to enter text.

Address: Click here to enter text.

Daytime Phone: Click here to enter text.

**PROPERTY LOCATION**

Zoning File Name: Click here to enter text.

Address/Location: Click here to enter text.

**TYPE OF APPEAL**

Application is hereby made for an appeal to the:

[ ]  **Planning Commission**, under provision of Chapter 61, Section 701, Paragraph c of the Zoning Code, of a decision made by the Planning Administrator or Zoning Administrator

 OR

[ ]  **City Council**, under provision of Chapter 61, Section 702, Paragraph a of the Zoning Code, of a decision made by the Planning Commission

Date of decision: Click here to enter text. File Number: Click here to enter text.

**GROUNDS FOR APPEAL:** Explain why you feel there has been an error in any requirement, permit, decision or refusal made by an administrative official, or an error of fact, procedure or finding made by the Planning Commission. Attach additional sheets if necessary.



Appellant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ City Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_