APPLICATION FOR APPEAL
Department of Planning and Economic Development
Zoning Section
1400 City Hall Annex
25 West Fourth Street
Saint Paul, MN 55102-1634
(651) 266-6589

Zoning Office Use Only
File #: _____
Fee: _____
Tentative Hearing Date:
_____

APPELLANT

Name _____

Address _____

City _____ St. _____ Zip _____ Daytime Phone _____

PROPERTY LOCATION

Zoning File Name _____

Address / Location _____

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: _____, 20_____ File Number: _____

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 in fact, procedure or finding made by the Planning Commission.

Attach additional sheets if necessary

Appellant's Signature _____ **Date** _____ **City Agent** _____

K:cmartine/ped/forms/pcappforappeal Revised 8/27/08