

Commission Date:

APPEAL FORM

APPEALS OF ACTIONS BY THE CITY OF BOWMAN PLANNING AND ZONING COMMISSION TO THE CITY COMMISSION (to be filed with the City of Bowman Zoning Director)

REGARDING LAND DEVELOPMENT CASE NUMBER LDC _____

1. I certify that I am an aggrieved person or his/her representative, the applicant or his/her representative, or a member of the City Commission and have a right of appeal to the Commission.

2. I hereby appeal the City of Bowman Planning and Zoning Commission decision for the following reasons:

3. I certify that the above reasons are based upon evidence presented at the hearing held on the _____ day of _____, 20_____.

4. Anyone, including the appellant, may address the Commission by written communications. Materials should be submitted to the City Zoning Director 5 working days prior to the City Commission hearing date set forth above. If material is untimely presented, the City Commission may continue the hearing to a later date.

5. I understand that the appeal fee is \$30 and the appeal will not be processed until the fee is paid.

By: _____

Firm Name/Title: _____

Address: _____

Telephone: _____

Date: _____