



Appeal Application

Submittal Date: _____

Name of Appellant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____ Cell: () _____ - _____

Email Address: _____

Signature: _____ Date: ____/____/____

Application Contact (if different than above): _____

***Application Contact will be the Planning Department's primary point of contact for questions related to the application.*

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____ Cell: () _____ - _____

Email Address: _____

Signature: _____ Date: ____/____/____

Address of Subject Property: _____

Legal Description of Property: _____

Administrator or Commission Decision under Appeal: _____

See the Hailey Zoning Ordinance or Hailey Subdivision Ordinance for information on application process.

Fees: Cost of additional noticing, recording fees, and other direct costs (such as copying costs) will also be assessed.

Application \$500.00

Cost of Transcript
(If required, Total of 9 copies) \$ _____

Total due \$ _____

The following information must be included for the application to be considered complete:

- _____ A written statement of the reason(s) for the appeal and argument(s) which support the appeal.
- _____ If appropriate, one (1) large set of all site plans and/or building elevations, to scale, which pertain to the decision appealed.
- _____ One (1) 11" x 17" copy of any larger plans/maps.
- _____ PDF files of all required documents and 11" x 17" plans/maps

City Use Only -

Certified Compete by: _____

Date: ____/____/____