



## DEVELOPMENT CODE DECISION APPEAL

Permit info: \_\_\_\_\_

Application Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

FOR OFFICE USE ONLY

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### APPELLANT

Name:	Company:
Address:	City:
State:	Zip:
Tel.:	
E-mail:	

### APPEAL

Application File No., Name and location:

Date of Decision:

Whose Decision are you appealing?

Staff       Design Review Committee       Planning & Zoning Commission

What specific decision(s) and or conditions are you appealing? (please attach if necessary)

How are you adversely affected by the decision? (please attach if necessary)

Please identify any evidence or supporting information to support your position that code was misinterpreted or misapplied. (please attach if necessary)

### APPLICATION INFORMATION REQUIRED

Completed Planning Submittal Form

I hereby certify that the information contained in this appeal form and in any accompanying materials is correct to the best of my knowledge. I further understand that unless directed otherwise by body deciding the appeal, the appeal will be on the record of which the decision was made.

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Signature of the Appellant      (date)