Print Form

APPLICATION TO APPEAL
POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION

Received By _____

Date Submitted _____

Fee Paid _____ **FEE: $ _____ Planning Director**
$ _____ Hearings Officer

File Number _____

Receipt _____

APPELLANT

Name _____

Address _____

City _____

State _____ Zip _____

Phone: Home _____ Work _____

APPEAL

In accordance with the Polk County Zoning Ordinance, I/we, hereby appeal the action of the Polk County Planning Director/Hearings Officer. Specifically, I/we believe the Planning Director/Hearings Officer failed to correctly apply the standards of the Polk County land use regulations. Note: Please cite the Ordinance Section(s) and state how the proposed project or land partition fails to meet the cited standard(s). If necessary, attach your statement on a separate sheet of paper.

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Signature of Appellant(s) **Date**

_____

Address of Appellant(s)

_____

Daytime Telephone of Appellant(s)