



## APPEAL APPLICATION & PETITION FOR RECONSIDERATION

**STAFF USE ONLY**

Date Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_ Fee paid: \_\_\_\_\_ SU/Permit # \_\_\_\_\_

**REQUIRED SUBMITTALS:**

- **Administrative Decision Appeal Fee: \$300.00** made payable to The City of Dalton Gardens in the form of exact change cash or check.
- **A COMPLETE APPLICATION**, is required at time of submittal. Application forms can be obtained at [www.daltongardens.com](http://www.daltongardens.com)

**DEADLINES FOR SUBMITTALS:**

The completed form and fee payment must be submitted to the City Clerk's office not later than thirty (30) days following the date of the decision, administrative action, or interpretation to be appealed.

- Completed application form
- Information that may be required to facilitate review
- Fee \$300.00

**NATURE OF APPEAL:**

Applicant Name:
Property Address:
Item(s) to be appealed:
Determination being appealed:
Date of decision:

- Appeal of administrative decision
- Appeal of Planning Commission's decision
- Appeal of City Council decision (14 days)
- City Clerk's office permit or imposition of set permit conditions DGCC 1-11-1

**APPELLANT INFORMATION:**

*\*Please attest that you have standing to appeal the project. This means that you are: 1) a resident of the City of Dalton Gardens; 2) a person having legal interest in real property in the City of Dalton Gardens.*

<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>	

**APPLICATION INFORMATION:**

<b>Property Owner:</b>		
<b>Property Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>	

**OTHER AFFECTED PARTIES:**

<b>Name(s):</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>	

State how other parties have or might have been affected:


**APPEAL JUSTIFICATION:**

State specifically the nature of the appeal.

You must state specifically your objection(s) to the decision or other action, stating whether you believe there was an abuse of discretion and/or whether you believe the decision or other action was not supported by the evidence. You must include any information that supports the appeal in order to facilitate review. Please fill out all boxes below and attach any documents necessary to support your claim.

1. State the basis of your appeal(abuse of discretion, lack of evidence, etc.):


2. Identify the decision or action you believe was in error:


3. State the basis of your appeal(abuse of discretion, lack of evidence, etc.):


4. Identify the decision or action you believe was in error:


5. State the information that supports your appeal (e.g., evidence of record that does not support the decision, findings, etc.):


6. State the remedy or relief sought:



7. Additional attachments provided: (circle one) Yes No

If yes, list here:
