



RECONSIDERATION OR APPEAL APPLICATION

Community & Economic Development Department
8930 N Government Way Hayden, ID 83835
www.cityofhaydenid.us (208) 209-2022

To be completed by city staff:
Tracking #:
Date submitted:
Received by:

To apply for an Appeal or Reconsideration request to the City Council this application must be completed and fees submitted to the City of Hayden's Community & Economic Development Department within fourteen (14) days of the decision.

APPLICANT:

Name of Applicant: _____

Mailing Address: _____

E-Mail Address: _____

Telephone Number: _____

Application/Case # that is subject to your appeal or reconsideration: _____

NATURE OF THE APPEAL:

- Appeal or reconsideration of the Planning Commission's determination or interpretation.
- Appeal of the Community & Economic Development Director's determination or interpretation.
- Reconsideration of City Council's Decision.

On a separate sheet of paper, using Idaho Statutes 67-6535(2)(b) as a guideline, specifically state the objections to the decision and/or the evidence of record that does not support the decision.

CERTIFICATIONS:

I understand that application fees are in accordance with the current City Council adopted fee schedule and that all additional fees, charges, pass-through engineering costs, legal advertising and postage are the sole responsibility of the applicant.

All the information, statements, attachments and exhibits transmitted herewith are true to the best of my knowledge.

DATED this _____ day of _____, 20_____.

(signature)

(print name)

To be completed by city staff:

Check #: _____ Amount Paid: _____ Date: _____ Tentative Hearing Date: _____

The City of Hayden provides services to its citizens without regard to race, religion, color, sex, age, national origin or disability.