

APPEAL APPLICATION FORM

Updated: October, 2019

Associated Case # _____-_____-_____



CONTACT INFORMATION

| | | | |
|-------------------|--|---------------------------|--|
| Appellate Name | | Appellate Mailing Address | |
| Company | | Company | |
| Appellate Phone # | | Appellate Email | |

ORIGINAL APPLICATION INFORMATION

Subject Property Address: _____

Original Application Type: _____

REASON FOR APPEAL

I am: The applicant Influenced by the proposed change

Briefly describe the reason for appeal (attach additional pages if needed):

AUTHORIZATION

I certify that the information on this application is complete and accurate. I understand the fees and the process for this application. I understand my responsibility, as the applicant, to be present at meetings regarding this request.

Appeal, if residence is located within 400ft of the subject property:

Filing Fee \$106

Technology Fee \$13

TOTAL COST \$119

All other appeals:

Filing Fee \$634

Technology Fee \$13

TOTAL COST \$647

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

Submit Appeal Application to: planninginfo@sanmarcostx.gov