Town of Lakeview
NOTICE OF APPEAL APPLICATION

☐ Appeal of Administrative Review Decision - $100*
* Plus postage and publication costs

☐ Appeal of Planning Commission decision - $100*

Appellant's Name_____ Phone_____

Address_____

DECISION DESCRIPTION

Decision Being Appealed_____Date of Decision_____

APPELLANT'S STANDING

Appellant is:

☐ the applicant;
☐ a person mailed written notice of the decision;
☐ a person who participated in the proceedings; or
☐ a person who is adversely affected or aggrieved by the decision.

APPELLANT'S STATEMENT OF APPEAL ISSUES (use additional page(s) as necessary)

SIGNATURE

Appellant_____ Date_____

PLANNING DEPARTMENT USE ONLY

☐ Fee Paid Rcv'd by _____ Date Recv'd _____ File Number _____

Hearing Date _____ **Hearings Body:** ☐ Planning Commission

☐ Town Council