



# ADMINISTRATIVE APPEAL APPLICATION

<b>STAFF USE ONLY</b>			
Date Submitted: _____	Received by: _____	Fee paid: _____	Project # _____

## REQUIRED SUBMITTALS

**Design Review Appeal: \$500.00**  
**Planning Commission/Administrative: \$700.00**

A **COMPLETE APPLICATION**, as determined by the Planning Department, is required at time of submittal. Application forms can be obtained at <http://cdaid.org/1105/departments/planning/application-forms>.

### DEADLINE FOR SUBMITTALS

The completed form must be submitted to the Planning Department not later than ten (10) 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 \$700.00

### NATURE OF APPEAL:

<b>PROJECT NAME:</b>
<b>ADDRESS:</b>
<b>DATE OF DECISION OR OTHER ACTION:</b>
<b>PROJECT NUMBER:</b>

- Appeal of Design Review Commission's decision, administrative action, or interpretation (Action Appeal)
- Appeal of Planning Commission's decision, administrative action, or interpretation (Action Appeal)

### APPELLANT INFORMATION:

*\*Please attest that you have standing to appeal the project. This means that you are: 1) a resident of the City of Coeur d'Alene; 2) a person having an interest in real property in the City of Coeur d'Alene; and/or 3) a person with an interest in real property located within three hundred feet (300') of the external boundaries of the land subject to the decision or other action.*

<b>NAME:</b>		
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>FAX:</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>FAX:</b>	<b>EMAIL:</b>

**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 your contentions in order to facilitate review. Please fill out all boxes below.*

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


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


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


I \_\_\_\_\_ certify that I have standing to appeal the decision.  
(Name of Appellant)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
*Signature*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public for State of Idaho  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_