

APPEAL APPLICATION

Updated: October, 2018

Associated Case # _____-_____-_____



CONTACT INFORMATION

Appellate Name		Appellate Mailing Address	
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 \$103

Technology Fee \$12

TOTAL COST \$115

All other appeals:

Filing Fee \$618

Technology Fee \$12

TOTAL COST \$630

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

Submit Appeal Application to: planninginfo@sanmarcostx.gov