

REQUEST FOR APPEAL



Date: _____

TO: Department of Community Development
City of Sierra Vista
1011 N. Coronado Drive
Sierra Vista, AZ 85635
(520) 458-3315

APPEAL DECISION OF DIRECTOR OF COMMUNITY DEVELOPMENT
 HEARING OFFICER

1. Applicant Name: _____
Address: _____
Telephone No: _____ Email: _____

2. Agent Name: _____
Address: _____
Telephone No: _____ Email: _____

3. Parcel Number: _____

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

Check all that apply

_____ Cover Letter describing the request;

_____ Sketch Plan showing the following information:

- 1) Parcel boundaries and dimensions;
- 2) Exact location and size of all structures;
- 3) Points of ingress and egress;
- 4) Adjacent public rights-of-way;
- 5) Building setbacks; and
- 6) Parking areas;

_____ Letter of Agent – If the applicant is not the property owner, a letter appointing an agent should be included with this application.

_____ Title Report

_____ Fee \$375 **AND** \$200 Publication Deposit



I, _____, of _____ hereby depose and say: That all of the above information and statements contained in the attachments are true. This application with all attachments have been executed by me in full and faithful compliance with the statutes of the State of Arizona and the applicable ordinances, including, but not limited to, the Development Code and VISTA 2020, and are respectfully submitted for consideration by the Hearing Officer/ Board of Adjustment and represent a petition by the undersigned for an appeal as set forth above.

STATE OF ARIZONA)
)
COUNTY OF _____)

This instrument was acknowledged before me this _____ day of _____, 20__, by

Notary Public

My commission expires: _____