

FILE # _____

SANDOVAL COUNTY PLANNING & ZONING DEPARTMENT

(505) 867-7628

APPLICATION FOR ZONING APPEAL

Applicant: _____

Daytime Phone: _____

Legal Description of Property that is the Subject of the Appeal:

Address:

Agent (if any):

Address:

Reason for Appeal (Use additional sheets if necessary):

Signature: _____

Date: _____

INSTRUCTIONS: Submit a copy of the appeal form, with all attachments, and filing fee of \$100.00 to the Planning & Zoning Department within 30 days after a determination is made that is the subject of appeal. Public notice must be given by legal advertisement prior to the hearing.

FOR OFFICE USE ONLY:

Application Received by: _____

Date: _____

File Number: _____

Receipt Number: _____

Action(s) Taken: _____

Date(s): _____

Final Determination _____