



COCHISE COUNTY COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

SPECIAL USE APPLICATION FOR APPEAL

NAME OF APPELLANT: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NUMBER OF DOCKET APPEALED: SU- - _____.

DATE OF COMMISSION DECISION: _____

DATE OF APPEAL SUBMITTAL: _____ FEE PAID: \$ _____

In addition to the \$300 fee, the following information shall be provided before an appeal can be accepted. If more room is needed please attach additional pages.

1. Description of the decision being appealed. An appellant can appeal the Commission's decision for approval or disapproval or any conditions stipulated as part of docket approval.

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2. A complete statement of all reasons why the appellant believes that the decision, or any part of the decision was erroneous, arbitrary, capricious, or any abuse of discretion.

3. Written presentation of additional testimony & evidence. A full explanation of the additional testimony & evidence that will be submitted with explanation of why this was not presented to the Planning Commission.

SIGNATURE _____