



# 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.

---

---

---

---

---

---

---

---

---

---

**Special Use Appeal Application**

Page Two

- 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 \_\_\_\_\_