APPEAL REQUEST CITY OF HARTFORD APPLICATION FOR APPEAL

FOR OFFICE USE ONLY

Account #: 100.604.444100.44410 (#76)

Public Hearing Fee: \$400.00

Processing Fee 100.125.461100.46112: \$15.00 Technology Fee 100.240.440000.44250: \$5.00

PLEASE NOTE: Fee does not cover publication costs, which are billed back to

the applicant.

Total Fee Received:	Date Filed

	(Please Print in Black Ink or Type	e)
Address of Subject Property:	and the same	
Tax Key Number:		g District:
Existing Use:		
Applicant Name:		
A d.d		
City, State, Zip:		
Phone:		Email:
Owner Name:		
Address:		
City, State, Zip:		
Phone:	Fax:	Email:
Attorney Name:		
Address:		
City, State, Zip:		
Phone:	Fax:	Email:

To the Board of Appeal: I hereby (choose one):
☐ Appeal from the decision of the Plan Commission
☐ Appeal from the decision of the Zoning Inspector
☐ Appeal from the decision of the Zoning Administrator/Engineering Staff
Please attach the following documentation:
1. Copy of the decision or order rendered.
2. Statement of the principal points on which appeal is based. Please include why you
feel there has been an error in any requirement, permit decision or refusal made by an
administrative official, or an error in fact, procedure or finding made by the Plan
Commission.

The applicant is strongly encouraged to discuss the appeal with the Planning and Zoning Administrator prior to filing of the application. Additional information from the applicant may be required by the City Plan Commission, Zoning Board of Appeals, City Engineer, or Director of Planning and Zoning.

4. Any additional documentation which may help the Board in their decision.

3. Reason why the applicant is an aggrieved person.