## **Planning & Zoning Department**



## APPEALS AND RECONSIDERATION

For Office Use Only

Appeals and reconsideration provide the remedy of appeal from and requests for reconsideration of final decisions made by the Administrator, PZC, BoCC, or other County official. An applicant or affected person may avail themselves of these administrative remedies in accordance with section 4-16 of the LDC. An appeal of a decision will be reviewed by the PZC or BoCC (specified in table in section 4-1-1-). Appeals and requests for reconsideration must be filed with the Administrator within 14 calendar days of the date of a written decision. Any applicant of affected person seeking judicial review of a written decision must first request reconsideration of the final decision.

Fees Paid				
☐ Check #	_ Credit Card	☐ Cas	h	
	Fees a	ire non-refunda	able.	
Requirement for Submittal: Ensure al will be returned to applicant.	ll requirements are included	d. Incomplete	applications will not be put on ho	old. Incomplete and partial applications
SECTION I: PERSONAL AND	PROPERTY RELATED	DATA		
Applicant Info:				
Applicant Name: Bidache, Inc., Sac	dek Darwiche			
Email: sadekd@gmail.com	Phone: (	(307) <u>733-2</u>	200	
Primary Contact (if not applicant):	Jeff Bower, jeffbower@giv	venspursley.c	om	
Appeal/Request Info:				
Topic of Final Decision: Subdivision	on plat extension			
Decision made b	y: PZC 🗵	BoCC [	☐ Planning Administrator	☐ Other County official
Short Summary of Appeal/Reque reasons detailed in the attached Na		sideration of th	he BOCC's denial of Applicant's	request for a time extension for the

	I, the undersigned, have reviewed the attached information and found it to be correct. I also understand that the items listed				
	below are required for my application to be considered complete and reviewed by the Planning Administrator and scheduled for				
	public hearing.				
	Applicant Signature:Date:				
	I, the undersigned, am the owner of the referenced property and do hereby give my permission to				
	to be my agent and represent me in the matters of this application. I have read the attached information regarding the				
	application and property to find it to be correct.				
	Owner Signature:Date:				
	All items need digital copies as well as paper				
Checklist	copies.				
Ы	······································				
	complete application form provided by the Department.				
_					
Ц	The application must include a narrative description of the basis for the appeal or request for reconsideration, including the				
	specific deficiencies of the decision alleged by the applicant or affected person.				
SECTION	III: PLANNING ADMINISTRATOR/DESIGNEE REVIEW/ACTION				
Application	is submitted on the day of , 20				
• •					
Application	is deemed complete and accepted on the day of , 20				