



**City of Ketchum
Planning & Building**

OFFICIAL USE ONLY
File Number:
Date Received:
By:
Fee Paid:
Approved Date:
Denied Date:
By:

Notice of Appeal

Note: The Appellant shall submit an amount to cover the cost of giving notice, as applicable in the Fee Schedule, and provide a transcript within two (2) days after the Planning and Building Department provides the Appellant with an estimate for the expense of the same. In the event the fee is not paid as required, the appeal shall not be considered filed.

OFFICIAL USE ONLY	
Date Appeal Received:	Date Notice Published:
Appeal Fee:	Transcript Fee:
Date Paid:	Date Paid:
Date Appellant Notified of Estimated Transcript Costs and Notice:	Mailing Fee:
Date of Appeal Hearing:	Date Paid:
Action(s) Taken/Findings:	
APPELLANT	
Name of Appellant:	Phone Number:
Address:	Fax Number or Email:
REPRESENTATIVE	
Name of Representative:	Phone Number:
Address:	Fax Number or Email:
APPLICATION	
Application Being Appealed:	
Explain How You Are an Affected Party:	
Date of Decision or Date Findings of Fact Were Adopted:	
SUBMITTAL INFORMATION	
This Appeal is Based on The Following Factors (set forth all basis for appeal including the particulars regarding any claimed error or abuse of discretion):	

If you have attached additional pages, please indicate the number of pages attached _____

Signature of Appellant or Representative

Date