



CITY OF STAR
 P.O. Box 130
 Star, Idaho 83669
 P: 208-286-7247 F: 208-286-7569

APPLICATION FOR APPEAL

FILE NO.: _____
 CROSS REF. FILES: _____

Application for appeal shall be filed with City Clerk within ten (10) calendar days after the decision.

I (we) _____, hereby appeal
the decision of the City of Star **City Council** **Zoning Administrator** **Building Official.**

All applications are required to submit the following:

Applicant (√)	Description	Staff (√)
	Completed and signed Appeal Application	
	Fee	
	Narrative fully describing the proposed request, including but not limited to the following: <ul style="list-style-type: none"> • Specific action being appealed • Grounds for appeal • Address who the affected party is and how they are affected • Include file numbers of any and all applications that are relevant to this request • Any information that supports this request. 	
	Scaled vicinity map showing the location of the subject property.	
	Applicant encouraged to submit other information and documentation to support request.	

Appeal Contact Person: _____

Address: _____

Phone: _____ FAX: _____

Signature of Appellant/Representative: _____ Date: _____

(For office use only)

If the appellant is not the applicant, the applicant must be contacted immediately following the acceptance of this appeal.

Applicant contacted on _____ by _____

Appeal is by Applicant

Date Application Received: _____	Accepted as Complete _____
Fee Due: \$100.00 Fee Paid: _____	Processing Clerk Initials: _____